

# VA North Texas Health Care System

## Doctoral Internship Training Program 2021 Brochure



**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*VA North Texas Health Care System*

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# Impact of COVID-19 on Training

## Overview

The COVID-19 pandemic has impacted all aspects of professional and personal interactions. Given the uncertainty regarding the timeline for this unprecedented global phenomenon, it remains unclear whether the 2021-2022 intern cohort will work primarily remotely, primarily in-person, or some combination of those two options. Regardless of how training occurs, the VA North Texas Health Care System remains committed to ensuring high quality training and supervision of psychology trainees. In the following sections, we will outline our plans for recruitment of the 2021-2022 cohort as well as the training approaches utilized for the current 2020-2021 intern cohort. Our expectation is that the current training approaches (primarily telework using technology-based delivery platforms) will gradually transition to more in-person service provision as the pandemic wanes.

## Applications

Our application deadline is **11/01/2020**. We understand that for some trainees, their clinical and/or assessment hours may have been adversely impacted by the pandemic. If you are interested in our program and the pandemic (or accommodations related to it) have impacted your clinical hours, please include this information within your cover letter so that the selection committee can take this into consideration when evaluating your overall application.

## Recruitment

In accordance with APPIC recommendations for recruitment during the pandemic, we will only offer virtual interview options for the 2021-2022 cohort. In addition to lessening the financial burden of internship interviews, we anticipate that this approach will also lessen the burden of travel and related concerns for safety that applicants might experience.

We will offer three Open Houses dates as we do under non-pandemic circumstances. Those dates are Monday, January 4; Thursday, January 7; and Thursday, January 14.

## Didactics

The content and frequency of our didactic trainings have not been adversely impacted by the pandemic. Didactics for the 2020-2021 cohort have occurred via the Microsoft Teams platform which allows for a virtual face-to-face connection between interns and the presenter(s). Prior to the pandemic, interns received didactic training on the provision of telehealth services and this offering has been maintained and expanded under the current conditions.

## Clinical Training

The clinical rotations listed within this brochure are up to date, thus all rotations listed are expected to be available during the 2021-2022 training year. For the 2020-2021 cohort, thus far, all rotations have been adapted to allow either full-time or part-time telework for trainees. At present, most clinical interviews and therapy interactions occur virtually, regardless of whether an intern is working from home or from the hospital. In the case of in-person interaction, safety procedures consistent with CDC guidelines are utilized. This includes mandatory screening for symptoms upon entering the hospital, the requirement that all hospital staff and patients wear masks while on campus, maintaining a distance of 6 ft or more when in closed office spaces, and frequent hand-washing.

## Assessment Training

For the 2020-2021 training cohort, our assessment training requirements remain unchanged. The interns will participate in a year-long assessment didactic series as in previous years; however, as with other didactics, this series will occur virtually via Microsoft Teams until social distancing restrictions associated with the pandemic are lifted. Interns can conduct clinical interviews for assessment

evaluations via telehealth as is done with other clinical interventions. Interns currently have three options for administering assessment measures: 1. Administer measures virtually (send patient a link to complete measures online), 2. Administer measures in-person, using appropriate safety precautions, 3. Be provided testing data (physically administered by a non-intern) to interpret and integrate into their conceptualization of the case.

## **Supervision**

Clinical supervision remains consistent with APA Accreditation guidelines (4 hours/week) for psychology interns. At present, most clinical supervision involves telesupervision, occurring virtually via the WebEx or Microsoft Teams platform. In cases of in-person clinical supervision, CDC guidelines regarding mask-wearing and social distancing are maintained.

## **Accreditation**

Our program has maintained APA accreditation since 1980. Our last site visit occurred in 2013 with our next visit slated for 2020. Given the global pandemic and related travel restrictions, all APA reaccreditation site visits were cancelled or postponed in 2020. It is unclear when our next site visit will occur, however our APA accreditation will remain in place throughout this extended reaccreditation process.

## **Our Setting**

### **Living in Dallas**



The Dallas-Fort Worth Metroplex is a thriving metropolitan area of 5 million people, including over 40% who consider themselves ethnic minorities. There is a dynamic and growing arts community including both professional and community theater groups, the Dallas Symphony, Dallas Civic Opera, The Fort Worth Ballet, the Dallas Museum of Art, the Kimbell Art Museum, and the Amon Carter Museum of Western Art. There are also hundreds of shops, galleries, and restaurants throughout the city. Outdoor recreation is abundant with many areas available for backpacking and rock climbing and with several area lakes suitable for fishing, water skiing, and other water sports. Major league professional athletics include football (the Dallas Cowboys), baseball (the Texas Rangers and three minor league teams), basketball (the Dallas Mavericks), hockey (the Dallas Stars), and soccer (the FC Dallas).

Housing is readily available throughout the city within easy commuting distance from the medical center, which is located 10 miles south of downtown Dallas and is served by several traffic arteries. Information concerning housing, transportation, and employment opportunities may be obtained from the Dallas Chamber of Commerce, 1597 Pacific, Dallas, Texas 75201.

The Dallas area is a major educational center in the Southwest. The area fosters training in academics and science in addition to the arts and humanities. Area universities include the University of Texas Southwestern Medical Center, the University of Texas at Dallas, the University of Texas at Arlington, Texas Woman's University in Denton, University of North Texas in Denton, Southern Methodist University in Dallas, Dallas Baptist University, and the University of Dallas. Dallas is also the site for many professional workshops, seminars, and conventions. There is a state professional organization, the Texas Psychological Association, and local professional organizations, the Dallas Psychological Association and the Tarrant County Psychological Association, that fellows may join as student members. The state organization frequently holds its annual convention in Dallas, and students are encouraged to submit their research for presentation at this convention. The local organizations hold monthly meetings that address a variety of issues of concerns to psychologists in the area. A number of specialized professional and student organizations are active in the area.

### **Fun Facts about the Dallas Area**

- Dallas is the only city in the South Central region of the United States to be considered of key importance for the global economy
- The Dallas Arts District is the largest center of Urban Art in the United States
- Dallas is the home of many inventions, including the microchip, electronic traffic light, car radio, and maragita machine
- German chocolate cake was actually named after the creator, Sam German, a native Dallasite, and not the country of Germany
- Dallas' Galleria mall is home of America's tallest indoor christmas tree
- Dallas is the home of many well-known stores, brands, and television shows, including 7-Eleven, Neiman Marcus, Barney the Dinosaur, Wishbone the dog, and, obviously, *Dallas*
- The NFL's Super Bowl was alleged inspired by Dallas' Super Ball (deputant ball)
- Dallas was home to the first outdoor shopping center
- DFW allegedly has more shopping malls per capita than any other metro area in the United States
- Notorious American Outlaws, Bonnie and Clyde, first met in Dallas.

Visit [www.visitdallas.com](http://www.visitdallas.com) for city information.

### **VA North Texas Health Care System**



## Dallas VA Medical Center



VA North Texas Health Care System (VANTHCS) with headquarters in Dallas has multiple locations (listed below) serving Veterans in North Texas and southern Oklahoma.

- Dallas VA Medical Center
- Polk Street VA Clinic, Dallas
- Plano VA Outpatient Clinic
- Fort Worth VA Outpatient Clinic
- Garland VA Outpatient Clinic
- Grand Prairie VA Outpatient Clinic
- Tyler VA Outpatient Clinic
- Sam Rayburn Memorial Veterans Center, Bonham

VANTHCS serves 38 north Texas and 2 southern Oklahoma counties and is one of 5 designated Centers of Innovation by the Office of Patient Centered Care and Cultural Transformation. Current trends indicate continued growth of the number of patients served through VANTHCS.

Our facility houses the largest VA Mental Health Service Line in the nation. This makes our hospital rich with clinical training opportunities in psychology and mental health. VANTHCS provides mental health services across levels of care, including primary care mental health integration, general outpatient, residential and domiciliary treatment, and inpatient psychiatry.

The VA North Texas Health Care System's training in Psychology includes APA-Accredited programs at the Doctoral and Postdoctoral levels. Supervisory psychologists are members of the Psychology Section of our Mental Health Service. There are now approximately 100 doctoral-level, licensed psychologists who provide clinical care, many of whom are available as clinical supervisors. Interns will work with a minimum of 6 clinical supervisors during the training year to provide training from a number of perspectives and with a number of clinical populations. Training occurs in both inpatient and outpatient venues.

**VANTHCS is teaching hospital**, with over 2000 trainees of all disciplines working and learning in our medical center each year. As such, providing excellent clinical training is a significant priority not just for our fellowship program, but for our facility as a whole. Our trainees are respected and supported regardless of where they work in our sprawling medical center.

## Psychology Setting

The Psychology Section of Mental Health of the Veterans Affairs North Texas Health Care System (VANTHCS) (i.e., the integrated Dallas, Texas and Bonham, Texas Department of Veterans Affairs Medical Centers) offers to doctoral students in Clinical and Counseling Psychology a full-time, one-year, Predoctoral Internship in Professional Psychology that is fully accredited by the American Psychological Association (APA). VANTHCS is affiliated with the UT Southwestern Medical Center in Dallas. Many of our psychology staff hold faculty appointments with UT Southwestern Medical Center and are engaged in training medical students, residents, as well as psychology trainees. In addition to the various satellite clinics associated with the VANTHCS, psychology training staff are embedded throughout the medical center in both Mental Health and Medically oriented teams and clinics.

## **Background**

The Dallas VAMC Doctoral Internship Program has been accredited by the American Psychological Association since the early 1980s. We are pleased to announce that our internship program was reaccredited in 2013 for seven more years (i.e., through 2020). The Dallas VA Doctoral Internship Program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) with information included in the APPIC directory. The Dallas VA internship abides by all APPIC policies as well as matching policies and procedures.

The VANTHCS internship stresses mastery of core skills in clinical and counseling psychology, yet is sufficiently flexible to allow interns to pursue areas of particular interest. Clinical populations include psychiatric, medical, chemically dependent, geriatric, neurologically impaired, and homeless patients. Patients come from a variety of ethnic backgrounds. The majority of patients are male, but an increasing number of women seek medical and psychiatric services at the VA. There are, however, numerous opportunities to work with female veterans within our women's mental health programming. VANTHCS psychologists and allied staff are committed to providing the highest caliber of training possible with a diversity of training experiences. Psychologists are integrated, and involved, in medical and surgical areas of the medical center including Primary Care medicine, Pain Clinic, Spinal Cord Injury Unit, Oncology, Geriatric Evaluation Management Unit, and the Cardiac Rehabilitation Program. The approximately 100 psychologists on staff range in experience from newly graduated psychologists to having over 30 years of service in the VA. Their roles include providing assessment and therapy, administration, and research in the medical center. Many staff have years of experience in working with specific populations, such as substance abuse patients, patients with neuropsychological problems, and patients with chronic posttraumatic stress disorder. Others are involved in the treatment of the newly returning Iraq and Afghanistan veterans.

The training of professional psychologists has a long and proud tradition within the VA with over 60 years of such service. Not only is the VA the largest employer of clinical and counseling psychologists in the U.S., but the VA was a pioneer in establishing graduate training in psychology. The VANTHCS has been active in training professional psychologists for nearly 40 years, with interns drawn from universities across the U.S.

The VANTHCS internship stresses mastery of core skills in clinical and counseling psychology. The internship program provides interns with an opportunity to work, to a large extent, with an underserved and minority population. Given the diversity of patients seen at VANTHCS, issues of multicultural competence are essential components of our interns' training experiences. Interns are encouraged to consider the role that factors such as age, ethnicity, spirituality, culture, sexual orientation, and others play in their clients' presentation. Additionally, interns are trained to recognize how such issues impact treatment approaches.



## Training Model and Program Philosophy

The fundamental goal of the internship is to help each intern develop a strong sense of professional identity and a dedication to the highest standards of practice within the profession and science of psychology. The primary education model endorsed by the internship program and faculty may best be described as "practitioner-scholar." All interns are expected to develop skills in basic areas of clinical/counseling psychology, but provision is also made for the development of skills in more specialized areas of interest. Thus, the internship might further be described as a "modified-generalist" in scope.

## Diversity Mission Statement

The VA North Texas Healthcare System's Clinical Psychology Internship is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce interns that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.

The Psychology Diversity Committee is comprised of VANTHCS psychologists who are committed to helping trainees, psychologists and other stakeholders develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. It also aims to explore how, as mental health professionals our biases, power, privilege, assumptions, and life experiences affect our clinical work. Interested interns can serve as diversity committee members during their internship year. Student members are an integral part of the Diversity Committee and are encouraged to aid with planning as well as serve as a liaison with their cohort.

The Diversity Committee conducts a series of diversity journal clubs and reflective discussions to foster professional development. The diversity series includes diversity readings that aim to address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, socioeconomic status, disability, LGBTQ Veterans, immigration/acclimation, aging, women's issues, etc.). Reflective discussions bring trainees and staff together to provide in-depth conversation on how to improve care for diverse groups. Lastly, the Diversity Committee assists trainees with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations.

The Dallas VA serves Veterans from a highly diverse area, encompassing urban and suburban communities around Dallas. Our heterogeneous setting gives Interns the opportunity to provide services to Veterans from a variety of backgrounds. Veterans in this area are ethnically diverse, providing trainees with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Interns have the opportunity to provide services to a variety of minority and underserved populations, which is vital to the training of well-rounded psychologists. The Dallas VA has an active homeless program, which coordinates health care, services, and advocacy for homeless Veterans. Lesbian, Gay, Bi-sexual, and Transgendered (LGBT) Veterans are increasingly seeking services at the Dallas VA, and the broader Dallas metropolitan area features an active LGBT community. In this context, interns will be able to develop their appreciation for diversity in sexual orientation. Increasingly, the veteran population includes greater numbers of women, which presents more opportunities for interns to develop skills for competently addressing sex and gender issues in their training. The Dallas VA provides services tailored to address the needs of Veterans across their lifespan, and Interns are offered opportunities to work in settings where age-related issues are relevant (e.g., younger Veterans setting education goals and re-integrating into

their families after deployment, middle-aged Veterans adjusting to retirement and medical problems, elders facing end-of-life issues). Interns will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and physical ability.

## Training Goals and Objectives

The overall goal of the training program is the development of well-rounded, entry-level psychologists whose clinical practice is informed by the professional literature. The skills and knowledge expected to be learned and demonstrated within our model of training have been operationalized in our "Core Competencies." Meeting these competencies is seen as an integral part of each intern's training experience at the VANTHCS. At the start of each rotation, the interns and supervisors develop a set of training objectives for the rotation. These objectives must include specification of which Core Competencies will be addressed during the rotation and may include further objectives as determined by the supervisor and intern. The goal is the honing of the intern's overall competency as well as refining their training in areas of interest for the intern. Competencies include assessment and therapy abilities consistent with empirically based interventions and the use of standard testing tools.

## Program Structure

The VANTHCS internship program consists of two tracks: Neuropsychology and General Psychology. Within the General track are rotations related to the treatment of patients who were involved in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) with funding for intern training related to patients having returned from these theaters of war. Three quarters of the training year consists of rotations emphasizing track-related skills and patient populations. Within each track there is variability in training experiences. The fourth quarter is designed to "round out" clinical skills, and offers a significant number of choices. While interns' expressed interests are given important weight in determining all rotation activities, the Training Committee must approve the training program based on all sources of information regarding training needs.

Training in each of the tracks includes the following (not necessarily in the sequence listed):

**Neuropsychology Track (3 positions):** (1) Neuropsychology Consult, (2) Mental Health Silver Team, (3) a rotation chosen from the Community Living Center (CLC) or the Spinal Cord Injury Center, and (4) a more psychotherapeutically, general mental health-oriented fourth rotation such as a Mental Health Team (Trauma, Diamond, or Gold Teams) rotation completing the training year. This track meets Division 40/Houston Conference guidelines for training in Neuropsychology.

**General Psychology Track (5 positions):** (1 2, and usually 3) a choice of the Mental Health Teams or specialty programs (e.g., Homeless Domiciliary, Trauma) and (4) a contrasting rotation that is neuropsychology or medical psychology oriented.

## Evidence Based Psychotherapies

A component of the training year will be the treatment of patients using Evidence Based Psychotherapies (EBP). The VA has introduced EBP's, including Acceptance and Commitment Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy, Prolonged Exposure, and Integrative Behavioral Couples Therapy with the goal of having EBP's available at each VA for disorders such as Posttraumatic Stress Disorder,

Depression, and relationship discord. Training has been initiated for VA staff, and more EBP's are being introduced. As the purpose of VA Internship is to train the "next generation" of VA psychologists, our program sees the training and integration of these approaches as being important. Thus, each intern will be expected to provide EBP's throughout the year. Training will be provided on the introduced EBP's during intern orientation, and each intern will do therapy using one EBP with two to three patients for half of the training year, changing to a different EBP at approximately the mid-point of training. They will then change to a different EBP therapy for a different patient disorder. Supervision for the EBP's will be in addition to the regular rotation supervision.

## **Supervision**

Supervision of interns is an important part of the program. The individual supervisory relationship is seen as the most facilitative context for professional development. Rotation supervisors can offer opportunities to process clinical experiences, exchange ideas, provide appropriate role models for professional practice, review the technical aspects of the intern's clinical work, provide support and feedback regarding new areas of endeavor, and bring new information or perspectives to clinical situations. The internship at VANTHCS-Dallas recognizes the importance of this learning modality and encourages frequent supervisory contacts. Supervision regarding professional role definition, clinical decision-making, program development, and coordination with other disciplines in a treatment team setting is offered in addition to the more technical aspects of clinical skill development.

Each rotation has a primary clinical supervisor, and some may also provide secondary supervisors. The primary rotation supervisor is determined by the clinical assignments of the Psychology staff (e.g. one of the neuropsychologists will supervise the Neuropsychology Consult rotation, one of the psychologists assigned to the Spinal Cord Injury Center will supervise that rotation, etc., while others involved on each team or program will provide secondary supervision and experiences).

Two hours of face-to-face supervision is provided weekly by rotation supervisors for full-time rotations and two hours of supervision related to EBP cases in a group format will also occur. Group supervision is provided weekly by the Training Directors for the whole intern class with group supervision also being a component of most seminars presented on Mondays.

An intern's work week consists of 40 hours of work. The typical tour of duty, or work week, is from 8:00 a.m. until 4:30 p.m. and mirrors their supervisor's tour of duty. Should their rotation include evening groups, their tour is adjusted to include this time while adhering to the 40 hours per week guideline.

Interns are not to see patients unless a supervisor is on site to provide assistance as necessary. Interns are allowed to complete non-patient contact duties if a supervisor is not on-site but are encouraged to adhere to their 40 hour work week.

Two written evaluations are conducted during a given rotation period for 3 month rotations, one at the midpoint and the other at the conclusion of the rotation. The midpoint evaluation provides information regarding progress-to-date in the rotation and helps to emphasize areas in which the intern is demonstrating strengths and to clarify areas where the intern may need further attention in training. For 6 month rotations, written evaluations occur quarterly, thus each intern is evaluated every 6 weeks regardless of the length of rotation. The evaluation at the conclusion of the rotation summarizes the intern's activities over the course of the entire rotation and provides guidelines that can be useful in planning subsequent training experiences. Similarly, each intern provides an evaluation of his/her rotation experiences and of his/her supervisor at the end of each rotation. As noted earlier, the VANTHCS

internship has implemented a Core Competency evaluation process. Attainment of core competencies will be required of all interns, regardless of training track and rotation selections, in order for interns to satisfactorily complete the internship program. On the rotation evaluation forms, supervisors grade performance on applicable Core Competencies. Not all competencies are trained and assessed on all rotations. Interns are expected to plan their training years, with the assistance of the Training Committee and the Training Directors, such that all core competencies can be attained.

Also, at the end of each rotation, interns are asked to evaluate their training experiences in terms of both the quality of supervision and the learning opportunities that are available in the clinical work they are performing. Near the middle and end of the internship, interns are asked to complete a program evaluation form regarding their perceptions of their training and the program at the midpoint and end of the year.

As research is a vital component of our profession, interns are required to present their dissertation defense or other research project to their cohort, Training Director, and Associate Training Director to demonstrate their proficiency of knowledge in this area. Time will be allocated to prepare for this presentation on a weekly basis.

At a minimum, feedback about interns' progress is provided to respective academic programs near the middle and end of the internship.

## **Mentorship Experiences**

Interns are matched with a professional mentor at the beginning of the training year. Matches are determined based on the interns' interest in a host of professional areas that may include but are not limited to: balancing work and family, balancing a research and clinical career, administrative roles in VA, maintaining a private practice, cultural considerations, professional development and self-care, and leadership aspirations. As we have a large and diverse staff, we are typically able to accommodate interns' preferences for mentorship based on our staff members' interest areas and areas of expertise.

## **Training Experiences**

Rotations are available in medical, neuropsychological, and mental illness areas. As noted, the modified-generalist approach requires that interns have experiences from more than one area. To fulfill this, rotations are offered with emphases in numerous psychological realms. Interns are a part of interdisciplinary teams on many rotations and provide consultative services to these teams.

## **Supervision Training**

As the provision of clinical supervision is an important competency in our field, this is an area of discussion and focus throughout the training year. Supervision articles, vignettes, and resources are reviewed and discussed during several group supervision meetings throughout the training year. The program hosts an annual Supervision Seminar which is required for interns. During the seminar, there are panel discussions on a host of topics related to clinical supervision with an emphasis on theories of supervision, ethics in supervision, and diversity factors related to supervision. Panels consist of experienced staff, junior staff, postdocs, and interns to highlight the varied perspectives on these issues based on one's developmental level. Some interns may have opportunities to provide layered supervision for practicum students depending on rotations selected.

## Didactic Training

Intern training seminars are provided weekly with two to three scheduled didactics presented each week. These seminars afford an opportunity to receive pertinent information and to exchange ideas regarding a range of clinical and professional issues. The two or three weekly training seminars are scheduled for interns and are each typically 60 minutes in length. The training seminars are held on Mondays, as are other administrative meetings. The format of these training activities includes didactic seminars, discussions, case conferences, practice sessions (e.g., test administration), and various combinations thereof. The content of the seminars includes exposure to a broad range of issues and topics in clinical practice rather than an in depth coverage of a smaller number of topics. The schedule is planned to follow a logical progression of skills, from more basic information needed to work in the VA system, to general assessment and therapy issues, to more specialized topics. Some topics are covered in a single session, while others are addressed in a series of sessions.

The didactic presenters include VA Psychologists, other Medical Center staff, invited outside consultants, postdocs, and interns themselves. These training seminars are subject to constant review and revision in an attempt to maintain high quality, professional relevance, and the interest of interns. Interns are asked to rate each seminar on quality and relevance, as well as to suggest topics that are of particular interest to them. Various other training seminars may be available on individual program units, sponsored by various services (e.g., Mental Health, Social Work Service, Medicine) or presented by the Medical Center. Mental Health Continuing Education programs are scheduled routinely for both interns and staff, typically on Thursdays.

The seminar time slots will also be utilized for interns presenting two psychotherapy cases in a structured case presentation format and one psychological assessment evaluation, also in a structured case presentation format.

## Program Requirements

Interns and members of the Training Committee will formulate a year-long training plan at the beginning of the internship year. Given our philosophy of "modified generalist" training, this plan will provide for integration of training experiences, with an emphasis on the balance between mastery of basic clinical skills and training in more specialized areas of personal interest. This basic plan for the internship year may be subject to subsequent revision throughout the year by negotiation between the intern and the Training Committee in response to changing perceptions of training needs and skill development.

Core Competencies for the training year are provided to the interns. These competencies address basic clinical skills to be mastered by all interns, and include an understanding of adaptive and dysfunctional human behavior in a variety of contexts; the ability to administer, score, and interpret psychological assessment instruments; the use of clinical interviewing techniques; and the ability to conceptualize, plan, and implement a range of individual and group treatment procedures. Additionally, the internship year is a time in which interns learn time management in terms of balancing the needs of patients assigned to them along with training and supervision activities. The internship affords the opportunity, and demands, for numerous skills and services to be provided over a range of activities in an effective and reasonably efficient manner. The Core Competency ratings are done every 6 weeks during each rotation. Feedback is regularly provided to the intern with information and guidance related to improving areas of weakness and enhancing areas of strength. As this occurs at the mid-point of the rotation (or the quarter point for 6 month rotations), there is ample time to make corrections as needed and to gain the skills needed to maintain good standing in the program. Should the intern not meet these requirements, the Training Directors are notified and the Training Committee meets to address the problem with the supervisor and

intern. If problems are recognized early in the training year, or during regularly scheduled evaluation periods within the rotation, it can be addressed in plenty of time to attempt to remediate the problem. Additionally, the Psychotherapy Presentations and Assessment Presentations also allow the intern to provide a sample of their abilities in these areas. Feedback is given at the end of each of these presentations. Thus extra-rotation evaluation is available if questions arise related to ability. At the end of the internship year, a Clinical Oral Examination is administered. This has the multiple purpose of assessing the intern's ability to formulate a case presentation from novel information and to provide a picture of how they have progressed at the culmination of their training year.

At a minimum, feedback about interns' progress is provided to respective academic programs near the middle and end of the internship.

## **Dedicated Research Time**

Research is an important part of our professional identity. Interns will be allotted 4 hours/month to facilitate research. This can be used for working on one's dissertation or other research project. Each intern will present their research to the training committee. If an intern elects to use the allotted research time to work on their dissertation, they would present their dissertation defense prior to formally defending the project within their graduate program. The presentation is evaluated, performance reflects the research competency for the program. An intern electing to complete another research project (literature review, etc.) would present that project toward the end of the year. Time is allocated for research on a weekly basis while the project is being completed.

## **Facility and Training Resources**

The Psychology Service provides support for interns with clerical employees, offices with PC's, and the availability of appropriate assessment tools. The VANTHCS-Dallas has an automated clinical information system which is in the vanguard of computer applications in mental health programs. System functions include the scoring and interpretation of over 90 psychological tests; administration of structured interviews and social histories; the collection of medical information to assist with diagnosis and treatment planning; and monitoring of administrative and clinical concerns such as length of stay and bed occupancy. This system provides a unique opportunity for psychology interns to acquire hands-on experience with an extensive computer system in a large mental health setting. Most training rotations utilize automated assessment. Additional scoring software is available on various staff or service PC's. The Medical Center Library Service has a number of psychology publications, including journals and access to Psychological Abstracts and PsychInfo. Materials not in the library or available in on-line full-text can typically be obtained on interlibrary loan within a few days. Computerized literature searches on selected topics are available online from the intern's office PC.

## **Major Rotations**

### **Neuropsychology Consult Rotation**

This rotation emphasizes advanced neuropsychological evaluations with a diverse medical and psychiatric inpatient and outpatient population. The training emphasis on this rotation includes: 1) familiarization with cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neuropsychological test instruments; 5) experience in

evaluating a variety of neurological conditions; 6) case conceptualization and test interpretation; 7) efficiency in report writing; 8) patient feedback and follow-up; and 9) effective interaction with other disciplines. By the end of this rotation, interns will have a firm grounding in principles of neuropsychological evaluation, allowing for advanced training in neuropsychology (postdoctoral fellowship) sometime during their career. To facilitate these goals, neuropsychology specific didactics are offered to the Neuropsychology track intern and interns taking the Neuropsychology Consult rotation. These include weekly neuropsychology group supervision meetings, journal club with VA South Texas Health Care training program and a once monthly brain cutting and neurology grand rounds at the University of Texas Southwestern Medical School. While group supervision and journal club are available throughout the training year based on supervisor approval, grand rounds/brain cutting is typically only available during neuropsychology focused rotations.

The Neuropsychology Consult rotation is structured with 100% of an intern's time spent in assessment oriented activities. Due to the specialized nature of neuropsychological evaluations, an intern will be required to have the following minimum prerequisites to select the neuropsychology rotation: 1) completion of graduate level classes in psychobiology and neuropsychology; and 2) completion of at least five neuropsychological assessments (in a supervised practicum or clerkship setting), which include administering, scoring, case conceptualization, and written report using a diverse battery of cognitive tests.

*Neuropsychology Supervisors: Drs. Barry Ardolf, Greg Westhafer, & Andrea Zartman*

## **Community Living Center**

The Community Living Center (CLC) is a 120-bed extended care facility which provides interdisciplinary medical rehabilitation, long-term residential care, and hospice care. The CLC includes a CARF-accredited program for acute-intensive rehabilitation for survivors of serious injury or illness. Veterans admitted for rehabilitation often present with orthopedic injuries, amputation, stroke, and other medical and neurological conditions along with adjustment, mood, and behavioral concerns that may impact recovery. Veterans who reside in the long-term care unit have diverse and often complex chronic illnesses (e.g., cardiac disease, diabetes, chronic obstructive pulmonary disease, dementia). Veterans admitted to the CLC hospice unit have terminal diagnoses (e.g., cancer, COPD) with typical life-expectancy of less than six months. Interns will be required to participate in the rehabilitation settings, and will have opportunities to participate in long-term care and hospice units if interested. Interns participate in all the activities of the interdisciplinary treatment team and will function with responsibility for the assessment, diagnosis, and treatment of veterans. Opportunities for experience with groups include participation in support groups for caregivers and development of groups in the CLC. Approximately 50% of an intern's time will be spent in assessment-oriented activities and 50% in treatment activities during this rotation.

*CLC Supervisor: Drs. Helen Chung and Nancy Wheless*

## **Spinal Cord Injury Center**

The Spinal Cord Injury Center (SCIC) is an \$11 million addition to the Dallas VA that opened in 1996. The center includes a 30-bed inpatient unit to care for the medical and rehabilitation needs of persons with spinal cord injuries or other neurological dysfunctions (e.g., Multiple Sclerosis, Guillain-Barre Syndrome, and cervical myelopathy) as well as an outpatient clinic for comprehensive care throughout the lifespan. Patients served at the SCI Center comprise a diverse population in terms of ages (19-98), disabilities, medical conditions, education (4th grade through Ph.D. level), occupations, family support, and



psychiatric diagnosis. The SCIC operates a CARF-accredited rehabilitation program for spinal cord injury. The clinical mission of the Spinal Cord Injury Center is to enhance the health, functional abilities and quality of life for persons with spinal cord injury or disease. Psychology is an integral part of the interdisciplinary team that works together toward this stated goal. Other members of the team include: physicians, nurses, social workers, occupational therapists, physical therapists, kinesiotherapist, recreational therapists, chaplain, and dietitian.

### **Inpatient SCI Rotation**

The Inpatient SCI rotation provides a training opportunity for interns in Rehabilitation Psychology, offering experience in addressing behavioral medicine issues, neuropsychological disorders, behavioral issues, and psychological disorders within a specialized medical unit. The overarching goal of the rotation is applying clinical skills to help individuals achieve optimal psychological, behavioral, and social functioning. To accomplish this task, the intern will learn how to function effectively within a dynamic inpatient medical unit as a member of a large medical interdisciplinary team. Interns who complete this rotation will increase their comfort level working with individuals with disabilities and gain an exposure to a vast array of medical conditions. Interns will have the opportunity to gain competence in working on an inpatient medical unit as well as gain knowledge of medical conditions and medications.

Interns will learn to conduct comprehensive assessments of an individual's coping status and adaptation to chronic illness and disability in the context of personality, cognitive status, as well as family and social systems in order to implement an appropriate treatment plan. This includes the opportunity to conduct clinical diagnostic interviews for Veterans with newly-diagnosed SCI who are participating in inpatient rehabilitation. This initial assessment will include the Satisfaction With Life Scale, Hamilton Anxiety and Depression Scale (HADS), and/or RBANS/SLUMS as well as any other needed measures.

Other services interns may provide as part of an Inpatient SCI rotation include: neuropsychological assessment, brief psychotherapeutic interventions, development of behavioral management plans, sexuality counseling, tobacco cessation services, pain management, and substance abuse screenings. One of the more challenging aspects of this rotation can be determining the most appropriate battery of tests given a Veteran's level of SCI, medical status (including protocol for pressure ulcer treatment), current medications, possible acquired brain injury (ABI), and limitations for upper extremity function/mobility. Another important role for SCI Psychology is providing staff consultation and education. Since SCI provides such a diverse range of experiences, this rotation can be included as part of the Medical Psychology, Neuropsychology or General Psychology tracks.

*Inpatient SCI Supervisor: Dr. Alexxandria Meneses*

### **Outpatient SCI Rotation**

The Outpatient SCI Rotation offers a unique blend of experience in health, rehabilitation, and organizational psychology. The goal of the rotation is twofold: (1) apply clinical skills to assist individuals with SCI achieve and maintain optimal psychological, behavioral, and social functioning (while adjusting to disability) and (2) apply organizational systems interventions to increase the effectiveness of team, clinic, and programmatic functions. A variety of modalities (e.g., health behavior coaching, goal-setting/action-planning, cognitive/behavioral therapies, Motivational Interviewing, Acceptance and Commitment Therapy) will be utilized to treat psychological conditions, promote health behavior change, and increase patient treatment adherence. Interns will learn how to choose appropriate assessment tools for brief and ongoing therapeutic interventions in both group and individual settings.

Interns will complete SCI Annual Psychological Evaluations during which they will assess current/recent medical/health, psychological, and/or psychosocial functioning. Assessment may also include the Satisfaction With Life Scale, Beck Depression Inventory-II, Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7), PCL-5, Montreal Cognition Assessment (MoCA), and/or Saint Louis University Mental Status (SLUMS). Recommendation(s) made as a part of the evaluation process may include brief outpatient psychotherapeutic intervention, development of behavioral management plans, and/or consultation with SCI provider(s). Outpatient psychotherapeutic interventions may include adjustment to disability, grief and loss, as well as behavioral medicine treatments related to the following: weight management, tobacco cessation, chronic pain management, sleep hygiene, activity and recreation, sexual functioning, and stress management.

The complexity of a specialized interdisciplinary healthcare setting such as SCI poses exciting challenges and creates a context in which an understanding and application of organizational psychology (human behavior in work settings) can be of great benefit. Interns will participate in training related to organizational development theory, practice, and application. Topics covered may include assessment, culture change, leadership, team-building, change management, consulting, and program development/evaluation activities. Within the SCI Center, interns will gain experience in the design, development, implementation, and evaluation of clinical programs focusing on whole health, patient-centered care. This rotation can be included as part of the Medical Psychology or General Psychology tracks.

*Outpatient SCI Supervisors: Drs. Rebecca Frontera and Tara Rosema*

## **Home Based Primary Care**

Interns who choose the SCI or CLC rotation will also have the opportunity of gaining limited experience with Home Based Primary Care (HBPC) by "shadowing" the psychologists who are assigned to this setting. This is a part-time rotation (1 day/week) that can be combined with CLC or SCI rotations. HBPC psychologists are members of an interdisciplinary team which makes home visits to veterans who are unable to come to the VA Medical Center. Psychologists in HBPC provide consultation, assessment and psychotherapy.

*HBPC Supervisors: Drs. Brad Nederostek and Elizabeth Wiley*

## **Medical/Surgical Consultation**

The medical/surgical psychology rotation is a 3-month full-time rotation that focuses on psychological assessment and brief therapy using the biopsychosocial perspective. Services will be provided to medical populations including bariatric surgery, organ transplantation, hepatitis C virus, oncology, sleep, and amputation. The primary responsibility is in assessment and diagnosis, with a strong emphasis on report writing and effective communication with other medical professionals. Psychological testing will be administered as a part of the pre-surgical psychological assessments for bariatric and transplant populations. Individual and group therapy will be somewhat limited on this rotation, but interns may have opportunities to provide brief therapy with outpatients and inpatients related to coping with medical conditions and adherence to medical regimens. Additionally, interns will have an opportunity to do cognitive-behavioral therapy for insomnia (CBT-i), an evidence-based intervention.

*Medical/Surgical Supervisor: Drs. Janet Ashworth and Hyeji Na*

## **Mental Health Diamond Team (Outpatient Mental Health)**

The Diamond team treat patients with affective disorders, anxiety disorders, and psychotic disorders. The Diamond team is assigned patients without regard to clinical mental illness diagnoses or problems. Their relatively equivalent staffing patterns allow for the full gamut of clinical services, including group, individual, and couples therapy, to be provided per patients' needs. The team has a Behavioral Health Interdisciplinary Program (BHIP) model that will allow interns to work closely within a multidisciplinary team providing Veteran-centered, recovery focused care. On this rotation, an intern will be able to follow patients across levels of mental health care. All services may be provided on an outpatient level; but, in the case of some patients, care may begin with an inpatient stay. The intern has the opportunity to follow the patient providing assessment and clinical services across these levels of care. A wide range of psychological services will be learned and utilized during assignment to one of these teams. Most of the intern's clinical time will be spent in providing individual, group and/or other forms of psychotherapy. The team offers interns the opportunity to perform psychological assessments in the service of treatment planning and disposition.

*Diamond Team Supervisors: Drs. Angela Beard, Colette Miesse, Nicole Miller, and Gloria Emmett*

## **Mental Health Silver Team (Geriatric Mental Health Team)**

The Silver Team specializes in the mental health care of older adult patients. Patients age 62 and older are assigned to this team for their care regardless of their psychiatric diagnosis. In this manner, the Silver Team is very much a general practice team with specialization in terms of the age cohort which it treats. Interns work within the context of an interdisciplinary team at all stages of patient evaluation and treatment. They acquire knowledge of and skills in areas including cognitive screening, neuropsychological assessment, and common mental health problems associated with aging. The vast majority of work will be with outpatients although the Psychology Intern may be called upon periodically to see inpatients for comprehensive assessment and/or psychotherapy. Interns may engage in brief, supportive psychotherapy with selected patients and/or their caregivers.

Approximately 70% of the intern's time is spent in neuropsychological assessment and integrative report writing. An intern will spend the remaining time involved in family consultation and education, individual and/or group psychotherapy, and psychoeducational groups in the Mental Health Rehabilitation module. Supervision may be provided in a layered manner, with that supervision being from the Geropsychology Post Doctoral student under the supervision of one of the licensed psychologists on the Silver Team.

Due to the specialized nature of neuropsychological evaluations, an intern will be required to have the following minimum prerequisites to select the Silver Team rotation: 1) completion of graduate level classes in psychobiology and neuropsychology; and 2) completion of at least two neuropsychological assessments (in a supervised practicum or clerkship setting), which include administering, scoring, case conceptualization, and written report using a diverse battery of cognitive tests.

*Silver Team Supervisor: Drs. Mary Catherine Dodson and Heejin Kim*

## **Mental Health Gold Team (Substance Use Disorders Team)**

The Mental Health Gold Team is a multidisciplinary team that specializes in providing mental health care to Veterans whose primary diagnoses involve Substance Use Disorders. The Gold Team is comprised of a residential rehabilitation program, an intensive outpatient program, and aftercare services. Interns

participating in this rotation will have the opportunity to see MH Gold Team Veterans on multiple levels of care. Most chemically dependent Veterans also have co-occurring psychiatric disorders, such as affective disorders, anxiety disorders, adjustment disorders, psychotic disorders, and personality disorders. Within the residential rehabilitation program, interns may provide psycho-educational groups which concern both substance abuse and psychiatric disorders. Additionally, interns would follow a Veteran through the rehabilitation process including assessment, individual therapy, and treatment coordination services. Within the outpatient population, interns would have the opportunity to provide psychological assessment, individual therapy, and group therapy. An intern on this rotation would spend 60-70% of their time in individual and group therapy, approximately 20% providing treatment coordinator services, and 10-20% providing assessments and psycho-educational classes. Supervision is provided on a “layered” basis with Postdoctoral Psychology Fellows serving as the primary direct supervisors of interns.

*Gold Team Supervisors: Drs. Michael Dolan, Elizabeth Gibbons, Elise Marino, and Jennifer Mayfield*

## **Mental Health Inpatient Unit**

The inpatient rotation will provide interns with an opportunity to experience the full continuum of psychopathology while providing interventions that contribute to remediation of acute symptoms. Typically, psychology interns will play an active role on a multidisciplinary treatment team, providing direct clinical services, leading therapy groups, and contributing to treatment planning and facilitation/implementation. The overall approach of care is from a recovery and empowerment perspective, with psychology interns promoting recovery through empowering patients to use adaptive strategies to manage various psychiatric illnesses, increase self-efficacy, improve & enhance coping skills in addition to reinforcing and expanding current positive behaviors. They will educate veterans, families and others on the nature of mental illness and its manifestations for the specific veteran. The psychology intern also strives to enhance the milieu by contributing to the structure and consistency of treatment on the inpatient unit.

On this rotation, psychology interns will attend morning report and participate in rounds/treatment team meetings. They will conduct group psychotherapy on the unit, with the groups varying in theme, and typically utilizing a psycho-educational or cognitive behavioral approach. Interns will provide short-term, intensive individual psychotherapy. Since a large number of our population come to us with a history of engaging in psychotherapy, the intern may use skills that promote the continued progress & familiarity with a specific approach, intervention, or technique such as: Relaxation Training, Cognitive Behavioral Skills Training, Distress Tolerance and Symptom Management (i.e. grounding strategies for flashbacks, distress tolerance skills for borderline patients), education on mental illness and the relationship with other accompanying illnesses (diabetes, HIV), education and support to families, conducting brief psychological assessments for diagnostic and treatment planning purposes, and assisting in facilitating further psychological treatment and in the role of liaison for treatment between the inpatient unit and outpatient psychology services.

Interns who choose the Inpatient Unit have the opportunity of gaining limited experience with Home Based Primary Care (HBPC) by "shadowing" the psychologists who are assigned to this setting. HBPC psychologists are members of an interdisciplinary team which makes home visits to veterans who are unable to come to the VA Medical Center. Psychologists in HBPC provide consultation, assessment and psychotherapy.

*Inpatient Unit Supervisor: Drs. Aletha Miller and Alejandro Santiago-Colon*

## **Mental Health Trauma Team:**

### **PCT & OEF/OIF/OND Team**

The PTSD Clinical Team (PCT) has been in continuous operation since its inception in January, 1987. It is staffed by psychologists, a social worker, and a psychiatrist. This team was originally developed to serve veterans of the Desert Storm era and earlier, however in recent years providers on this team have seen increasingly seen a mix of Korean, Vietnam, Desert Storm, and Iraq/Afghanistan. The OEF/OIF/OND Team has been treating patients from the Afghanistan and Iraq wars since 2007. Their primary focus is the treatment of mental health problems such as PTSD, depression, and anxiety. The patient population from these wars requires a specialized focus on the unique problems faced by this cohort. These teams can be merged for training purposes with interested interns seeing only OEF/OIF/OND veterans or a mixture of patients from both team subsets. Clinical services include: diagnostic evaluation; group therapy, and individual treatment; case management; education; psychological testing; and psychopharmacological assessment and management. This rotation includes opportunities for trainees to learn and be supervised in delivery of any of the following EBTs: Imagery Rehearsal Therapy for Nightmares, Prolonged Exposure Therapy, Cognitive Processing Therapy and/or Integrative Behavioral Couple Therapy.

*OEF/OIF/OND Supervisors: Drs. Lisa Thoman and Anushka Pai*

### **PTSD/SUD Team**

The primary focus of this rotation is the assessment and treatment of veterans with comorbid PTSD and substance use disorders in an outpatient clinic (as part of an interdisciplinary MH treatment team). The patient population is comprised of male and female veterans from all war eras, with male OEF/OIF/OND being the most common. PTSD/SUD patients often have complex histories and symptom presentations, which gives trainees the opportunity to refine differential diagnosis skills and gain experience with treatment planning that best meets the patient's needs/readiness level and stage of recovery. Trainees will gain exposure to therapeutic techniques relevant to this subpopulation (e.g., motivational enhancement, behavioral modification/activation, CBT for alcohol use disorders), Seeking Safety, EBP for PTSD (CPT, PE) as well as present-centered, time-limited therapy geared toward developing coping skills for anxiety management, PTSD and sobriety maintenance/relapse prevention. Trainees will gain experience with assessment, including comprehensive PTSD intake evaluations, and opportunities for assessment of symptom validity and malingering.

*PTSD/SUD Supervisor: Dr. Lindsey Cooper*

*Secondary Supervisor: Dr. Julia Smith*

### **Women's Stress Disorder and Military Sexual Trauma Program (WSD-MST)**

The Women's Stress Disorder and Military Sexual Trauma Program (WSD-MST) is a program that provides outpatient mental services to male and female Veterans who have experienced a Military Sexual Trauma (MST), and female Veterans with childhood, adult civilian and combat trauma histories.

The term Military Sexual Trauma (MST) is defined by Federal law (Title 38 U.S. Code 1720D) and is "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training." Sexual harassment

is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character."

The VA is committed to treating Any Veteran who had an experience of sexual assault or repeated, threatening sexual harassment during a period of active duty, active duty for training, and inactive duty for training. The Veteran does not have to be service connected for a mental health condition secondary to MST or have reported the MST while in the military in order to receive MST-related care through the VA. Also, Veterans who do not meet length of active duty requirements for general enrollment in VA health care are still eligible to receive care only for MST-related conditions. Veterans with an 'Other than Honorable' discharge may receive MST-related care if a VBA Regional Office rules that the character of discharge is not a bar to health care benefits. Both women and men can experience MST and are eligible to receive services.

The outpatient mental services offered in the WSD&MST program include evidence-based individual psychotherapies such as Prolonged Exposure (PE), Cognitive-Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Cognitive-Behavioral Therapy for Depression (CBT-D), and Dialectical Behavior Therapy (DBT). Treatment is individually tailored for each Veteran after a thorough psychological evaluation that includes objective, standardized interviews and psychometrically valid measures of psychopathology and distress. The WSD-MST Team offers three types of therapy groups: structured/didactic (psychoeducational, skills-based, and support). Pharmacotherapy is also offered via a psychiatrist assigned to the program. Opportunities to learn about assessment, clinical treatment, and research with this specialty population are available to interns.

*WST-MST Supervisors: Drs. Anushka Pai and Meara Weitzman*

### **Telemental Health (TMH) Team**

Technology is expanding the ways in which VA psychologists may reach out to Veterans with mental health needs. The Telemental Health (TMH) program provides outpatient mental health care to Veterans served in rural Texas VA community-based outpatient clinics (CBOCs) located in Bridgeport, Denton, Greenville, Sherman, and Tyler. The program aims to increase patient access to specialty mental health care in rural and underserved areas, and to reduce the number of miles that patients must travel to receive mental health services. Using secure videoconferencing technology, the TMH service connects mental health providers to clinics that require additional mental health services for their patients, including consultation, initial patient assessments, individual psychotherapy, group psychotherapy, and specialized interventions (e.g., evidence-based therapies). The TMH provider collaborates with the patient's other local VA providers to ensure quality comprehensive care. Because the TMH program serves an array of different clients with variable clinical needs, the placement may align with a diversity of training goals. Commonly requested services include Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, and Integrative Behavioral Couples Therapy. Emphasis is placed on the provision of empirically supported treatments. In addition to these clinical opportunities, interns have the option of contributing to several ongoing quality improvement and research projects. Interns will receive training in the technology used in telemental health, as well as specialized clinical and programmatic considerations for this mechanism of service delivery.

*Telemental Health Supervisor: Drs. Jennifer Adams, Kellye Carver, and David Rose*

### **Homeless Domiciliary**

A rotation on the Homeless Dom exposes interns to the full continuum of psychopathology as well as other psychosocial barriers to mental health. The typical resident has dual diagnoses as well as a period

of homelessness and unemployment. Additionally, many of the residents have medical disorders amenable to remediation through psychotherapy. The intern, under the guidance of a multidisciplinary team gains experience in treatment planning, testing and assessment, individual and group psychotherapy, consultation, psychoeducational groups, and using the milieu to affected psychological growth towards health. When possible, the intern also gets experience supervising practicum students. The staff psychologists provide instruction and supervision on a broad array of therapeutic techniques and theoretical orientations. Interns have wide flexibility in selecting patients and activities so they can tailor the rotation to meet their strengths and needs as a trainee.

*Homeless Domiciliary Supervisor: Dr. Jonathan Fluck*

## **Fort Worth Mental Health Clinic (FW MHC)**

The Fort Worth Mental Health Clinic is a satellite clinic of the Medical Center, operating since 1992 to provide a full range of mental health services to Veterans living in the western region of our catchment area. Due to the large number of Veterans seeking services in this area, a new facility was built in 2010 to house a variety of specialty care needs. The FW MHC functions as a multi-disciplinary treatment team. Current staff includes 7 psychologists, 8 full-time and 2 part-time psychiatrists, 4 advanced practice nurses, 1 psychiatric clinical pharmacist, 4 licensed clinical social workers and 1 part-time licensed clinical social worker, 1 addiction therapist, 3 full-time registered nurses and 1 part-time registered nurse, 1 nursing assistant, 3 licensed vocational nurses, and 1 peer support specialist. There is a high degree of treatment coordination and supportive interaction amongst the disciplines at the FW MHC.

The vast majority of an intern's training experience is usually devoted to the provision of therapy, both individual and group. To allow adequate time to develop competency in the selected therapy modalities, it is strongly recommended that interns complete the rotation on a six-month, half-time basis (i.e., two days per week for 6 months). Interns will also have opportunities to conduct clinical interviews and perform psychological and personality testing to assist with diagnosis and treatment recommendations, largely but not exclusively within the context of psychotherapy.

Veterans diagnosed with PTSD or Major Depression represent the most commonly treated populations at the FW MHC; however, the full spectrum of adult DSM-5 diagnoses are treated here. Interns can participate in a wide variety of treatments including skills training groups, process groups, and time-limited, evidence-based 1:1 psychotherapy. Similarly, FW MHC interns can receive supervision in providing a number of therapeutic approaches that include the following evidence-based treatments: PE, CPT, ACT for Depression, CBT for Insomnia, CBT for Chronic Pain, and IPT for Depression. If a student has already been trained in EMDR, supervision is available for the use of this cognitive behavioral treatment modality. Staff at the Fort Worth MHC possess a variety of theoretical backgrounds and training – and there is supervision by very experienced clinicians who use a more eclectic approach to treatment. Interns can also gain experience in a variety of groups, including: 1) skills-training modules targeting different patient populations and issues (i.e., modified Stress Inoculation Skills training groups for combat and non-combat trauma or military sexual trauma, modified DBT groups, Mindfulness groups, ACT groups, etc.); 2) a couple of process-oriented groups targeting different populations of patients; 3) a substance use recovery Relapse Prevention group; and 4) tobacco cessation groups. Interns could also choose to train in Mental Health Primary Care, where they would further develop brief assessment, short-term counseling, and behavioral medicine skills while embedded within general medical Patient Aligned Care Teams.

*FW MHC Supervisors: Drs. Alexis Arevalo, Shannon Bruno, Laura Fils-Aime, Heidi Koehler, and Brittney Wright*



## Administrative Policies and Procedures

Our privacy policy is clear: We will not collect personal information about any visitors to our website.

### Policies regarding the training program

It is expected that trainees will follow the APA Ethical Principles and Code of Conduct as a guiding principle of their professional conduct. This can be accessed through the APA website at the following URL: <http://www.apa.org/ethics/code/index.aspx>. It is expected that trainees will follow these principles and will expect others in psychology to likewise do so. If the trainee becomes aware of violations, it is expected that they will notify their supervisor, the Training Director, Associate Training Director, or the Chief of Psychology.

Although interns accrue annual leave and sick leave per each pay period, it is the program's policy that interns should not take more than 5 days of annual leave during any quarter of the year regardless of the amount of leave they have accrued. Exceptions can be made for extraordinary circumstances. The purpose of this policy is to minimize absence from the work-related learning which is the core of the training program. One day of Authorized Absence is allowed for defense of dissertation. Others may be granted for presentations at professional meetings at the discretion of the Director of Training and the Chief, Psychology Service.

If interns exhibit impaired or deficient performance and progress, the following procedures are noted including grievance procedures:

#### ***Potential domains of problematic intern behavior include two general areas:***

1. Professional skills, competence and functioning
2. Adherence to professional ethics

Relatively minor problems identified at the time of rotation evaluations may result in the modification of training experiences for the rest of the year, as has been noted above. Such modifications are the responsibility of the supervisor but may be based on consultation with the Director of Training and/or Internship Training Committee. Minor problems identified at the time of the evaluations will be communicated by the supervisor to the Director of Training to determine if any assistance is needed for the intern.

Problems deemed to be sufficiently serious to pose a potential threat to the intern's successful completion of the internship will be referred to the Internship Training Committee for consideration. Such problems may be identified at any time. In case of a serious breach of ethical principles, the Internship Training Committee may recommend to the Chief of Psychology that the intern be terminated immediately. In most cases, though, the Internship Training Committee will develop a written remediation plan to help the intern achieve an acceptable level of performance. The remediation plan will specify the skills and/or behaviors to be changed and will stipulate a date for their remediation. The remediation plan may include a revision of the intern's training activities. A copy of this plan will be given the intern. Within one week of the stipulated date for the remediation of problems, the Training Committee will make a determination of progress. The Internship Training Committee may consider input from the supervisor and the intern.

All Internship Training Committee decisions will be by majority vote and will be communicated in writing to the intern.

***Three determinations by the Internship Training Committee are possible, each followed by a different course of action:***

1. If a determination of satisfactory progress is made, the remediation plan will be terminated.
2. If the Internship Training Committee determines that sufficient progress has been made so that it seems possible the intern will successfully complete the internship but that further remediation is necessary, a revised remediation plan will be developed.
3. If a determination of unsatisfactory progress is made, the Internship Training Committee will conduct a formal hearing with the intern within one week. The intern will receive a minimum three days notice to prepare for this hearing. Issue(s) of concern will be addressed to the intern by the Internship Training Committee and any other staff electing to attend. The intern will be afforded an opportunity to respond and may invite anyone of his/her choice to attend the hearing to provide additional information. Within one week of the hearing, the Internship Training Committee will either develop a revised remediation plan or will recommend termination of the intern to the Chief of Psychology. Proceedings of the hearing will be documented in a summary transcript.

At any time prior to termination from the internship program, an intern may be permitted to resign his/her internship.

## **Grievance Procedure/Appeal Process**

If the Internship Training Committee recommends termination of the intern from the internship, the intern may appeal this decision in writing to the Chief of Psychology within one week. If an appeal is made, the Chief of Psychology will appoint a panel to hear and rule on the appeal. The appeal panel will consist of no less than three professional staff members of the intern's discipline, some or all of whom may be members of the VA North Texas Health Care System's staff. No panel member will be a member of the Internship Training Committee, a current or past supervisor of the intern, or anyone who has previously lodged a formal complaint against the intern. The intern will present the appeal. The Director of Training will present the position of the Internship Training Committee. The hearing will be conducted in an informal manner and will not be bound by legal rules of evidence or testimony. Either side may call and examine witnesses or present other information as it deems appropriate. A decision to terminate will be based on the evidentiary standard of clear and convincing proof. Any decision of the panel will be by simple majority. Proceedings of the appeal hearing will be documented in a summary transcript.

If the appeal panel recommends that the intern's appointment be continued, the Director of Training, Internship Training Committee, and discipline staff will abide by this decision, taking into account any further recommendations of the panel. It will be the responsibility of the Director of Training, under these circumstances, to negotiate with the intern and the supervisor an acceptable training plan for the balance of the training year.

A recommendation of termination by the appeal panel will be communicated to the VA North Texas Health Care System's Chief of Staff, accompanied by transcripts of both hearings and any pertinent supporting information or documents.

***The Chief of Staff will review the material for:***

1. Evidence of failure to follow the procedures specified in this policy.
2. Evidence of capriciousness or arbitrariness in the action.

Affirmation of either of these by the Chief of Staff would result in the intern being retained. Otherwise the intern will be terminated immediately.

The results of the appeal proceedings will be communicated in writing to the intern.

## **Application Process**

**Applications are due: 11/1/2020**

The Dallas VA Doctoral Internship Program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) with information included in the APPIC directory. The Dallas VA internship abides by all APPIC policies as well as matching policies and procedures. Please see the APPIC website for APPIC-related information ([www.appic.org](http://www.appic.org)).

The VA North Texas Health Care System uses the uniform APPIC Application for Psychology Internship (AAPI). This form is available on the APPIC web site. The address is <http://www.appic.org>, and the application is in the Forms and Documents Downloads section. Applicants may download the form, complete it, and send the completed hard copy or electronically submit their application.

Our program abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability.

The North Texas VA Healthcare System is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

**To be considered complete, an application must consist of the following documents:**

- APPIC Application for Psychology Internship (AAPI)
- Cover letter stating Track application (**Designate one only**)
- Three (3) letters of recommendation
- Graduate transcripts
- A curriculum vita
- Assessment report that is **cosigned by the supervisor**
- Psychotherapy case summary

VANTHCS seeks applicants who are interested in gaining training experience with adults with various disorders including mental health problems, neuropsychological disorders, and physical illnesses which may have psychological sequelae. The goal of VA internship training is the development of skills related to training possible future psychologists for employment in the VA system. Thus an interest in and ability to treat patients with the above noted problems is of primary interest. Applicants who are working towards either a Clinical or Counseling, Ph.D or Psy.D., degree are considered equally. As noted in the APPIC directory, our minimum criteria for consideration include 800 hours of practicum experience (combined intervention and assessment), five or more, each, of scoring and reporting on WAIS-IV and MMPI-2RF or PAI's, and integrated reports of evaluations of adults. Applicants are expected to submit an assessment report that is **cosigned by the supervisor** and a psychotherapy case summary.

We evaluate each application in its totality and individuals who do not fully meet guideline criteria are certainly considered and invited to interview if other parts of their application are strong.

Applicants are expected to submit their AAPI's no later than November 1<sup>st</sup> . Applicants' AAPI's are reviewed by members of the Internship Training Committee and Training Supervisors . Applicants submitting an application with information reflecting these criteria will be invited to an Open House for interview. Attempts will be made to notify the applicants of an invitation to the Open Houses by December 4<sup>th</sup>. **Due to the COVID-19 Global Pandemic, all interviews will occur virtually via WebEx or Microsoft Teams.** The Open House is a day-long process with information about the VANTHCS being provided, individual supervisors speaking about their rotations, interviews conducted, and meeting with current interns who will provide the applicant with first-hand information about their training experiences within our program. Invited applicants will have the option of choosing one of three Open House dates (January 4, 7, or 14<sup>th</sup> 2020). We are aspiring to provide virtual tours of the medical center during the open house and are working with our in-house media department regarding the feasibility of this. There will also be an opportunity for informal questions and answers as a part of the day.

If you are selected as an intern, you will be considered a Federal employee, and the following requirements will apply.

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Please find additional information about the required background checks at the following website (<http://www.archives.gov/federal-register/codification/executive-order/10450.html>)
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-accredited doctoral programs already have an agreement on file. More information is available at <http://www.va.gov/oaa/agreements.asp> (see section on psychology internships).

6. Following the match and prior to the start of internship, the Internship Training Director will contact the Directors of Clinical Training (DCTs) for all eight interns. Each DCT for each matched intern will be asked to complete the Trainee Qualifications and Credentials Verification Letter (TQCVL). This document is required for all VA Psychology Internship programs. In essence, this document confirms that you (as a VA Trainee) are in satisfactory physical condition to meet the requirements of the internship program as well as attesting that interns have met appropriate tuberculosis screening as well as other immunization screenings. Such documentation is not uncommon to need prior to working in a healthcare setting. Appointment to the internship cannot happen until this document has been signed by both the intern's graduate program and senior leadership from the VA North Texas Health Care System. We will work closely with your graduate program to ensure this document is completed in a timely manner. For more information about this document, please see the web address linked here ([https://www.va.gov/OAA/TQCVL/TQCVL\\_Guide2018FINAL.pdf](https://www.va.gov/OAA/TQCVL/TQCVL_Guide2018FINAL.pdf)).
7. Matched interns will be required to complete pre-employment documentation prior to the start of internship. These forms include the Application for Health Professions Trainees (VA 10-2850D), the Declaration for Federal Employment (OF 306), and the Health Professions Trainee Random Drug Testing Notification and Acknowledgement Memo. These documents are available online for review (<https://www.va.gov/oaa/app-forms.asp>). Falsifying any answer on these required Federal documents will result in the inability to appoint an intern or will result in the intern's immediate dismissal from the training program.

## Contact Information

### Director of Psychology Training

**Dr. Jamylah Jackson** is board certified in Clinical Psychology (ABPP) and received her Ph.D. in Clinical Psychology in 2005 from the University of Georgia at Athens. She completed her Doctoral Internship (2004) and Postdoctoral Fellowship (2006) at VANTHCS and has been on staff since that time. Dr. Jackson is licensed in the state of Texas. In addition to her role as Director of Psychology Training, Dr. Jackson is the Director of Education and Training for the Mental Health Service line. Dr. Jackson is an Associate Professor in the Department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include Substance Abuse/Dependence Treatment, Co-morbid conditions of Substance Abuse, PTSD, and Diversity/Multicultural Issues. Her theoretical orientation is comprised of cognitive-behavioral, behavioral and interpersonal approaches. Dr. Jackson may be contacted at:

Jamylah K. Jackson, Ph.D., ABPP, Director of Psychology Training  
VANTHCS - 4500 S. Lancaster Rd.  
Mental Health Service (116/B)  
Dallas, TX 75216  
Direct: (214) 857-3601  
E-mail: [jamylahk.jackson@va.gov](mailto:jamylahk.jackson@va.gov)

### Associate Director of Training

**Dr. Julia Smith** is the Associate Director of Training for the psychology programs and the Clinical Director for MH Trauma Services. She is a licensed psychologist in the states of Texas and Kansas. She received her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology (ISPP) in 2008. She completed her Postdoctoral fellowship at VANTHCS (2008-2009) and has been on staff since that time. Dr. Smith is an Associate Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include assessment of symptom validity and malingering, co-

occurring disorders (PTSD/SUD), exposure therapy, behavioral therapy for obsessive compulsive disorders and motivational enhancement techniques, including the role of personal values in commitment to change. Her theoretical orientation is comprised of behavioral and cognitive-behavioral approaches. Research interests include exploring novel and adjunctive treatments for PTSD, Military Sexual Trauma, personality disorders and development of outcome measures for performance enhancement. Dr. Smith may be contacted at:

Julia C. Smith, Psy.D, Associate Director of Psychology Training  
VANTHCS - 4500 S. Lancaster Rd.  
Mental Health Service (116/TS)  
Dallas, TX 75216  
Direct: (214) 857-3608  
E-mail: [julia.smith2@va.gov](mailto:julia.smith2@va.gov)

### **Accreditation Status**

The doctoral internship at the **Veterans Affairs North Texas Health Care System** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year **2020**.

**\*\*2020 Site Visits were postponed by APA due to the COVID-19 Pandemic. It is unclear when our site visit will be rescheduled, however our program will maintain its accredited status throughout this extension of the reaccreditation process.**

**For information regarding APA accreditation of this internship or other accredited internships, please write or call:**

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
Phone: (202) 336-5979  
Fax: (202) 336-5978  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

## **Internship Admissions, Support, and Initial Placement Data**

### **Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
<p>VANTHCS seeks applicants who are interested in gaining training experience with adults with various disorders including mental health problems, neuropsychological disorders, and physical illnesses which may have psychological sequelae. The goal of VA internship training is the development of skills related to training possible future psychologists for employment in the VA system. Thus an interest in and ability to treat patients with the above noted problems is of primary interest. Applicants who are working towards either a Clinical or Counseling, Ph.D or Psy.D., degree are considered equally.</p> <p>The VA North Texas Healthcare System's Clinical Psychology Internship is deeply committed to fostering multicultural competence and diversity awareness. Applicants seeking a placement in which clientele presentations will be diverse and multifaceted will fit well with our site. We have a large and multicultural staff and feel that a wide variety of backgrounds and cultural experiences makes for a strong intern cohort. The overall goal of our training activities is to produce interns that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.</p> <p>The fundamental goal of the internship is to help each intern develop a strong sense of professional identity and a dedication to the highest standards of practice within the profession and science of psychology. The primary education model endorsed by the internship program and faculty may best be described as "practitioner-scholar." All interns are expected to develop skills in basic areas of clinical/counseling psychology, but provision is also made for the development of skills in more specialized areas of interest. Thus, the internship might further be described as a "modified-generalist" in scope.</p>	
Minimum criteria:	
Does the program require that applicants have received a minimum number of hours of the following at time of application?	
Total Direct Contact Intervention Hours	Yes, 800 hours
Total Direct Contact Assessment Hours	No
Describe any other required minimum criteria used to screen applicants:	



Minimum assessment criteria is having administered, scored, and written integrated reports for at least 5 WAIS-IV and 5 MMPI-2-RF or PAI. These administrations need to have occurred within an adult population as our veteran population is solely adult.

Individuals with fewer than 800 intervention hours and/or fewer than the previously stated assessment requirements will be considered within the context of the remaining portions of their applications and may be invited to interview if other aspects of their application are particularly strong.

#### Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$27,987
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for interns?	Yes
If access to medical insurance is provided Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	13 days
Hours of Annual Paid Sick Leave	13 days
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe)	10 Federal Holidays

#### Initial Post-Internship Positions

	2016-19	
Total # of interns who were in the 3 cohorts	24	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	16	2
Military health center		

Academic health center	3	
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	
Not currently employed		
Changed to another field		
Other		
Unknown		

Note. “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table is counted only one time. For former trainees working in more than one setting, the setting that represents their primary position was selected.

## Appendix A: Summary of Supervisory & Mentor Staff Bios

**Dr. Barry Ardolf** is Board Certified in Clinical Neuropsychology (ABPP). He earned his Psy.D. in Clinical Psychology for the Forest Institute of Professional Psychology in 2005. He completed his Doctoral internship at VANTHCS in 2005 and a Neuropsychology fellowship at Henry Ford Hospital in Detroit, Michigan in 2007. He has been on staff at VANTHCS since 2007 and current serves as a staff neuropsychologist on the Neuropsychology Consult service. Dr. Ardolf is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. His clinical interests include neuropsychological assessment, dementia and geropsychology. Research interests include memory, dementia and frontal lobe impairments. Dr. Ardolf's theoretical orientation is comprised of psychodynamic and cognitive-behavioral approaches.

**Dr. Alexis Arevalo** is a staff psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from Texas Tech University in 2019. He completed his Predoctoral internship in general psychology and his Postdoctoral fellowship with a focus in Trauma at the VANTHCS. He has been on staff since 2020, at the General Mental Health Clinic at that Fort Worth VA. His clinical and research interests include suicidal ideation, LatinX cultural beliefs, and ethnic identity. He primarily uses an Acceptance and Commitment Therapy (ACT) approach, but is also trained in other Cognitive-Behavioral approaches including Dialectical Behavior Therapy (DBT). He is a member of the American Psychological Association.

**Dr. Janet Ashworth** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology with a Health specialty at the University of Kansas in 1999. She has worked at VANTHCS since November 2012 within the Fort Worth Outpatient Mental Health Clinic and recently joined the Dallas campus as a Med/Surg Psychologist. Dr. Ashworth's clinical interests include health/medical psychology as well as forensic psychology. Her theoretical orientation is Cognitive-Behavioral. She is a member of the American Psychological Association, Association of VA Psychologist Leaders, and the Association for Contextual Behavioral Science.

**Dr. Angela Beard** is an early career staff psychologist at Diamond Clinic, licensed in Kansas. She earned her PsyD at Baylor University after completing a dissertation on masculinity in media. Her theoretical orientation is largely psychodynamic in conceptualization and eclectic in clinical practice. She is certified in PE, CPT, IBCT, and SST. Areas of clinical interest include treatment of Borderline PD, cultural competence and diversity topics, and masculinity issues.

**Dr. Steven Bender** serves as Deputy ACOS for Mental Health. He is licensed Psychologist in the state of Texas. He earned his Ph.D. in Counseling Psychology from Texas A&M University in 2000. He has been on staff at VANTHCS since 2006, and formerly served as the Clinical Director for the Bonham Mental Health Clinic and Chief of Psychology. Dr. Bender's clinical interests include the assessment and treatment of PTSD. His theoretical orientation is comprised of cognitive-behavioral and psychodynamic approaches. He is a member of the American Psychological Association and International Society of Traumatic Stress.

**Dr. Shannon Bruno-Scoggins** is a licensed Psychologist in the state of Louisiana. She earned her Ph.D. in Clinical Psychology from the University of Houston in 2011. She entered the VA system in 2013 via Overton Brooks VAMC in Shreveport, Louisiana, where she served as the primary MH liaison for the OEF/OIF program (Iraq/Afghanistan veterans) prior to transferring to the Fort Worth Outpatient Clinic in 2016. Her clinical interests include treatment of Post-Traumatic Stress Disorder, Anxiety Disorders, and Depression, including Cognitive Processing Therapy, Dialectical Behavior Therapy, and Interpersonal Psychotherapy. She also has a particular interest in issues related to child/family functioning, including parenting concerns. Her theoretical orientation is predominantly behavioral and cognitive-behavioral.

**Dr. Kellye S. Carver** is a Licensed Psychologist in the state of Texas. She received her Ph.D. in Counseling Psychology from the University of North Texas in 2015. She completed her predoctoral internship at the University of Oklahoma Health Sciences Center/Oklahoma City VAMC Internship Consortium and has been on staff at VANTHCS since 2015. Dr. Carver currently works on the TMH Team providing individual, group, couples, and family therapy. Her clinical and research interests include couples/family psychology, geropsychology (the psychology of aging), body-focused repetitive behaviors (BFRBs) and related disorders, and religion/spirituality in therapy. She has previously taught and supervised Assessment and Couples/Family Therapy courses at the graduate level. She has co-authored numerous publications and presentations exploring the intersections between trauma/loss, families, and aging. Her theoretical orientation is integrative, with emphases in Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Family Systems. Dr. Carver also chairs the Early Career Psychologist (ECP) Committee at VANTHCS.

**Dr. Helen Chung** is a licensed psychologist in the state of Texas. She received her Ph.D. in Counseling Psychology from Oklahoma State University in 2014. She completed her Predoctoral internship in medical/health psychology and Postdoctoral fellowship in geropsychology at VANTHCS. She has been on staff since 2015, first in the Spinal Cord Injury Center and recently moved to the Community Living Center (CLC). Her clinical and research interests include rehabilitation, adjustment to disability, coping with chronic medical conditions, health psychology (e.g. diabetes/weight management), and geropsychology. Her theoretical orientation is primarily cognitive behavioral and solution-focused. She is a member of the American Psychological Association – Divisions 20, 22, 38, and the Academy of SCI Professionals.

**Dr. Lindsey Cooper** is a licensed psychologist in the state of Kansas. She received her Psy.D. in Clinical Psychology from The Chicago School of Professional Psychology in 2015. She completed both her predoctoral internship and her post-doctoral fellowship at the Dallas VA. She currently serves as the PTSD/SUD specialist on the Trauma Services Team. Her clinical interests include treatment of PTSD, substance use disorders, symptom validity assessment, personality disorders, Cognitive Processing Therapy, Motivational Interviewing, Dialectical Behavior Therapy and Prolonged Exposure Therapy. Dr. Cooper's research interests include severe mental illness, dual diagnosis of substance abuse and mental illness, and PTSD in returning Veterans.

**Dr. H. Michael Cunningham** serves as Assistant Chief of Psychology. He is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of North Texas in 1984. He spent the majority of his career in private practice, working closely with medical providers and providing psychological interventions for a wide variety of presenting complaints. He has been on staff at VANTHCS since 2011, and currently serves as the Chief of the Homeless Domiciliary, a residential treatment program located within the Dallas campus of VANTHCS. His theoretical orientation is cognitive-behavioral (by training), though he has incorporated a more eclectic approach over his years in practice.

**Dr. M. Catherine Dodson** is a licensed Psychologist in the state of Kansas. She received her Ph.D. in Clinical Psychology from Southern Methodist University in 2013. She joined the staff at VANTHCS during that year and expects to be licensed in the state of Kansas in 2014. Dr. Dodson is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Dr. Dodson provides clinical services on the Mental Health Silver Team. Her clinical interests are in geropsychology, treatment of PTSD, treatment of mental disorders associated with aging and illness, individual and group psychotherapy. Her research interest is intimate partner violence. Dr. Dodson's theoretical orientation is cognitive behavioral and behavioral.

**Dr. Michael Dolan** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of Kentucky in 1975. He has been on staff at VANTHCS since 1978, and currently works

on the MH Gold team, focusing on the assessment and treatment of chronic substance use disorders, which is his primary clinical interest. His theoretical orientation is cognitive-behavioral. His research interests include the use of contingency contracting to decrease drug abuse, cocaine addiction, needlesharing and AIDS education. He is a member of the American Psychological Association.

**Dr. Gloria Emmett** is board certified in Clinical Psychology (ABPP). She earned her Ph.D. from the University of North Texas in 2000, after completing her Predoctoral internship at VANTHCS. She has been on staff since that time and currently works within the MH Diamond team, one of the general MH teams in the health care system. Dr. Emmett is an Associate Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include PTSD (including sexual and childhood trauma), grief and loss, individual, couples and group psychotherapy, including Dialectical Behavior Therapy (DBT) groups. Her theoretical orientation is Contextual Behavioral (ACT), Cognitive-Behavioral (Constructivism) and Family Systems. She is a member of the Association for Contextual Behavioral Sciences and the Dallas Psychological Association.

**Dr. Laura Fils-Aime** is a licensed Psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Baylor University in 2013. She completed her Predoctoral Internship at the Memphis VA Medical Center and her Postdoctoral Fellowship at VA North Texas (Dallas) in Substance Abuse Treatment. She has been on staff at VANTHCS since 2014 and currently serves as a staff Psychologist in Compensation & Pension (C&P) at the Fort Worth Outpatient Clinic. Her clinical interests include substance abuse, behavioral addictions, dual diagnosis (PTSD/SUD), serious mental illness, and differential diagnosis. Her theoretical orientation is eclectic with interpersonal, dynamic, and cognitive-behavioral influences.

**Dr. Jonathan Fluck** is a licensed Psychologist in the state of Arizona. He received his Ph.D. in Clinical Psychology from Texas Tech University in 2010. He completed his Pre-doctoral internship at the VANTHCS. He has had postdoctoral employment at the VANTHCS Domiciliary in Bonham, TX where he worked from 2010-2017. Dr. Fluck currently serves as a staff Psychologist with the Dallas Homeless Domiciliary program. His clinical interests include: PTSD, Substance Abuse, Risk Assessment, and Objective Personality Assessment. Dr. Fluck's primary theoretical orientation is cognitive-behavioral.

**Dr. Rebecca A. Frontera** is a licensed psychologist in the states of Illinois and Texas. She received her Psy.D. in Clinical Psychology from the Adler School of Professional Psychology in 2011. She completed her Doctoral internship at the Mount Sinai Medical Center within the department of Rehabilitation Medicine in New York, NY and a 2-year Postdoctoral Fellowship in Rehabilitation Psychology at the James A. Haley VAMC in Tampa, FL. Dr. Frontera joined VANTHCS in 2013 and works within the Spinal Cord Injury Center and Chronic Pain Clinic. Dr. Frontera's clinical interests involve rehabilitation of spinal cord injury (SCI) and traumatic brain injury (TBI), adjustment to disability, multiple sclerosis, ALS, disability and sexuality, and coping with chronic medical conditions. Her theoretical orientation is eclectic, utilizing techniques from CBT, ACT, Solution-focused, and Person-centered therapies. She is a member of the American Psychological Association (APA) and Division 22, Rehabilitation Psychology.

**Dr. Liz Gibbons** is a licensed Psychologist in the state of Texas. She received her Ph.D. in Counseling Psychology from Texas Woman's University in 2018 and completed her Postdoctoral Fellowship at VANTHCS in Substance Abuse (2018-2019). She currently serves as a Psychologist for the Gold Team (substance use specialty team) and Silver Team (geropsychology specialty team), with team spent equally across the two teams. Her clinical interests include treatment of depression, anxiety, personality disorders, substance use disorders, trauma and stress-related disorders, grief and loss, caregiver stress,

health-related issues, and phase of life concerns. Her primary treatment approaches are Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and Dialectical Behavior Therapy.

**Dr. Lillian Gibson** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from Jackson State University in 2009. She completed a Postdoctoral fellowship in Geropsychology at VANTHCS in 2010, and has been on staff since that time. Dr. Gibson currently works within the Fort Worth Outpatient MH Clinic, providing individual and group evidenced based therapies focusing on the treatment of Post-Traumatic Stress Disorder, Depression, Anger Management, emotional functioning secondary to chronic pain/medical conditions, and life adjustment issues. She also has a clinical interest in Couples/martial therapy. Dr. Gibson's theoretical orientation is comprised of Cognitive Behavioral, Interpersonal, Acceptance and Commitment Therapy approaches. She is a member of the Center for Mindful Eating and the Dallas Psychological Association.

**Dr. Heejin Kim** is Board Certified in Clinical Psychology (ABPP). She is a licensed psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Pepperdine University. She joined the staff at VANTHCS in 2015. Dr. Kim is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Dr. Kim provides clinical services on the Mental Health Silver Team, including neuropsychological assessments, individual therapy, and group therapy. Her current research interest is the cultural adaptation of a cognitive screening tool with stroke populations. Her clinical interests include geropsychology, assessment of dementia disorders, and assessment and rehabilitation with stroke populations.

**Dr. Heidi J. Koehler** is board certified in Clinical Psychology (ABPP). She received her Ph.D. in Counseling Psychology from Texas A&M University in 2000. Dr. Koehler and joined VANTHCS in 2006. She is licensed in the state of Texas and works within the Fort Worth Mental Health clinic. She is an Associate Professor in the department of Psychiatry at University of Texas Southwestern Medical Center and a member of the Texas Psychological Association. Her clinical interests include adult and childhood trauma, military sexual trauma, the grieving process, group psychotherapy, and dialectical behavior therapy. Her theoretical orientation is primarily existential.

**Dr. Marquisha Lee** is board certified in clinical health psychology (ABPP). She received her Ph.D. in Clinical Health Psychology from The Ohio State University in 2009. She completed her doctoral internship (2009) and postdoctoral fellowship (2011) in clinical health psychology at Duke University Medical Center in Durham, North Carolina, and she is licensed in North Carolina. Dr. Lee has been with VANTHCS since August 2017, serving as a staff psychologist in Medical/Surgical Psychology and starting in 2019, Clinical Director for the PCMHI clinic in FW. Her clinical interests include behavioral sleep medicine, coping with chronic medical conditions, stress management, weight management, and pain management. Dr. Lee's theoretical orientation is cognitive-behavioral therapy. She is a member of the American Psychological Association – Division 38.

**Dr. Justin Litvin** is a provisionally licensed psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from the University of North Texas in 2019. He completed his predoctoral internship (2018-2019) in Clinical Psychology at the Syracuse VA in New York. He then completed a postdoctoral fellowship (2019-2020) which emphasized Couple/Family Therapy at VANTHCS. He has been a staff psychologist at the Ft. Worth Primary Care – Mental Health Integration (PCMHI) clinic since August 2020. His clinical interests include Couples/Family Therapy, trauma-focused treatments, and anxiety management. Dr. Litvin's theoretical orientation is best described as Cognitive Behavioral within the Acceptance and Commitment Therapy framework.

**Dr. Robert Joseph Longoria** is a licensed psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from New Mexico State University in 2007. He has a background in School Psychology with the Dallas Independent School District as well as years of conducting forensic evaluations for a South Texas Juvenile Detention facility. Dr. Longoria joined the Compensation & Pension Clinic at the El Paso VA in 2008 and the Compensation & Pension Clinic at the North Texas VA in 2012. His interests include psychological assessment and multicultural issues.

**Dr. Eric Mariano** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Clinical Psychology from the State University of New York in 1998. Dr. Mariano completed a Postdoctoral fellowship at VANTHCS and joined the staff in 1999. Clinical interests include Primary Care Mental Health brief assessments and therapy, substance use disorders, and diversity/multicultural issues. He provides PCMH and SUD services at the Fort Worth Outpatient Clinic, incorporating Motivational Enhancement and Cognitive-Behavioral elements.

**Dr. Jennifer B. Mayfield** is a licensed Psychologist in the state of Iowa. She received her Ph.D. in Counseling Psychology from the University of Illinois at Urbana-Champaign in 2012. Dr. Mayfield completed a Postdoctoral fellowship at VANTHCS and joined the staff in 2013. She is currently Program Manager for the Substance Abuse Residential Rehabilitation Program on the Gold Team and an Assistant Professor in the Department of Psychiatry of UT Southwestern Medical Center. She serves as chair of the MH Diversity Committee. She is a member of the Association of Black Psychologists and serves as secretary for the Dallas-Fort Worth Association of Black Psychologists. Her clinical interests include substance abuse and comorbid disorders and treatment as well as evidence-based PTSD treatment. Her research interest is in Contingency Management and program development. Dr. Mayfield's theoretical orientation is cognitive behavioral, interpersonal, uses multicultural counseling theory, and involves community reinforcement approaches to substance abuse treatment.

**Dr. Alexandria Meneses** is a licensed psychologist in the state of Arizona. She earned a Psy.D. in Clinical Psychology from Midwestern University, Glendale in 2018. She completed a Predoctoral Internship at the Bath VA Medical Center in New York, and a two-year Neuropsychology Fellowship at the VA North Texas Health Care System. Dr. Meneses joined VANTHCS staff as a Neuropsychologist on the Spinal Cord Injury unit upon completion of her Neuropsychology Fellowship in 2020. Her theoretical orientation is cognitive-behavioral. Her clinical and research interests include neuropsychological assessment of dementia disorders, MS, ALS and movement disorders, and investigating diversity and medical factors that impact performance validity and ecological validity of assessment. She also has particular interest in assisting Veterans with adjustment to disability/chronic medical conditions, and consultation within interdisciplinary teams.

**Dr. Colette Miesse** is licensed in the states of Iowa and Texas. She earned her degree from the University of North Texas (UNT) in 2009. She completed her internship in a community mental health center offering intensive WRAP Services to low-income children and their families throughout the Sacramento, California, area. After returning to Texas, Dr. Miesse trained in Solution-Focused Brief Therapy (SFBT) and Motivational Interviewing (MI) with substance abuse patients in urgent and intensive care settings while working as part of a multi-site, multi-disciplinary research team at Baylor University Medical Center in Dallas. Dr. Miesse applied her training in MI and SFBT for a not-for-profit domestic violence shelter and taught graduate level practicum courses at the UNT before joining The VA Texas Valley Coastal Bend HCS in 2013. While at VCB, she worked to promote Acceptance and Commitment Therapy and was also a part of the Dialectical-Behavior Therapy treatment team. Dr. Miesse joined the staff at VANTHCS in 2018 and is a part of the Diamond Clinic. She is actively working to develop and promote the NTX Eating Disorders Clinic. Her clinical and research interests include motivational interviewing, solution-focused therapies across the lifespan, domestic violence, and eating



disorders treatment. Dr. Miesse's theoretical orientation is acceptance-based and solution-focused while keeping in mind Ecological Systems Theory.

**Dr. Aletha Miller** is a licensed Psychologist in the state of Texas. She received her Ph.D. in Clinical Health Psychology from the University of North Texas in 2009. Dr. Miller joined VANTHCS in 2012 and currently works on the Mental Health Inpatient Psychiatric Team. She is a member of the American Psychological Association and the Association of VA Psychologist Leaders. Her research interests involve disability as an aspect of diversity, the impact of medical disorders and mental health, spinal cord injury, and psychosexual aspects of disability. Her clinical interests include spinal cord injuries and comorbid mental disorders, military sexual trauma, women and mental health disorders. Dr. Miller's theoretical orientation is cognitive behavioral and client-centered.

**Dr. A. Nicole Miller** earned a Psy.D. in Clinical Psychology with an emphasis in Health Psychology from Loma Linda University in 2018. She completed both her Predoctoral Internship and a one-year Substance Abuse/PTSD Fellowship here at the North Texas VA Health Care System. Dr. Miller joined the staff as a psychologist on the MH Diamond Team following the completion of her Substance Abuse/PTSD Fellowship in 2019. Her clinical and research interests include PTSD/MST, Personality Disorders, Insomnia, and Anxiety/Panic Disorders. Dr. Miller's theoretical orientation is cognitive-behavioral. She has a particular passion for Dialectical Behavior Therapy.

**Dr. Hyeji Na** is a licensed psychologist in the state of Texas. She received her Psy.D. in Clinical Psychology from Baylor University in 2019. She completed her predoctoral internship in medical psychology and postdoctoral fellowship in Patient Aligned Care Team (PACT)/PCMHI at VANTHCS, both experiences she loved! Following postdoc, she joined the staff in 2020, working in Medical/Surgical Psychology. Her clinical and research interests include health promotion, positive psychology, integrative medicine, and hypnotherapy. Her theoretical orientation is positive cognitive-behavioral, grounded in the biopsychosocial model.

**Dr. Brad Nederostek** is a licensed Psychologist in the state of Kansas. He received his Psy.D. in Clinical Psychology from La Salle University in Philadelphia in 2010. Dr. Nederostek completed the Doctoral internship at VANTHCS and a clinical fellowship in Human Sexuality at the University of Minnesota in Minneapolis in 2012. He joined the staff at VANTHCS in 2012 and currently serves as staff psychologist on the Home Based Primary Care team. His clinical interests include sexual dysfunctions, anxiety disorders, stress management, acceptance and commitment therapy, and individual and couples therapy. Research interests involve sexual health within the Veteran population and psychological factors affecting/exacerbating medical conditions. Dr. Nederostek is a member of the Dallas Psychological Association, the Society for Sex Therapy and Research, and the American Association of Sex Educators, Counselors, and Therapists.

**Dr. Anushka Pai** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas at Austin in 2011. Dr. Pai joined VANTHCS in 2015. She provides clinical services within MH trauma services, on the Military Sexual Trauma/Women's Stress Disorder and OEF/OIF/OND teams. She is a member of the American Psychological Association. Her theoretical orientation is cognitive-behavioral, and her research interests include the treatment of PTSD and anxiety disorders.

**Dr. Jennifer Perry** is part of the Primary Care-Mental Health Integration (PC-MHI) team at the Fort Worth VA Outpatient Clinic. She completed her doctoral degree at the University of Houston in 2004, followed by a post-doctoral health psychology fellowship at the University of Texas Medical Branch (UTMB). She

joined the PC-MHI and palliative care teams at the Cincinnati VA in 2009 and transferred to the Fort Worth VA Outpatient Clinic in 2015. Dr. Perry primarily uses behavioral and mindfulness-based approaches in therapy.

**Dr. Colleen Richardson** serves as Chief of Psychology. She is a licensed Psychologist in the state of Colorado. She earned her Psy.D. in Clinical Psychology from the Florida School of Professional Psychology in 2007. In 2006, she accepted a commission and internship in the United States Navy. Dr. Richardson deployed for a year in 2008 with Regimental Combat Team One, where she served as the Operational Stress Control and Readiness Provider (OSCAR), and the Camp Fallujah's psychologist for the Shock Trauma Platoon. She was the first female OSCAR provider, delivering front-line mental health support and services, such as crisis intervention, individual and group therapy, grief and loss debriefs and substance abuse training, to the Marines and Sailors attached to RCT-1. She traveled on over 100 combat patrols and convoys, treating close to 6,000 personnel. She trained over 500 Corpsmen on how to identify the signs and symptoms of post-traumatic stress disorder, anxiety and depression. After completing her deployment, she was assigned to Wounded Warrior Battalion-West as the Battalion director and psychologist. While at WWB-West, Dr. Richardson designed and established an outpatient mental health program for the Marines and Sailors wounded in Iraq and Afghanistan. She also provided educational trainings on mental health disorders and traumatic brain injury to clinical and non-clinical partners, and coordinated additional care through a multi-disciplinary approach with other DoD and VA professionals. She has been working for the VA for 5 years and previously served as the Clinical Director of the Gold Team's Substance Abuse Program. Her theoretical orientation is cognitive behavioral. She is certified in CPT, PE & EMDR for trauma work.

**Dr. David Rose** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from Texas Woman's University in 2006. He completed his Doctoral internship at Hamilton Center, Inc. in Terre Haute, IN. He has had postdoctoral employment at the Wabash Valley Correctional Facility in Indiana, Dallas County Juvenile Department in Texas, and worked in several nursing and rehabilitation facilities while employed by Vericare, Inc. Dr. Rose has been with VANTHCS since 2013 and previously served as a staff psychologist with the General DOM within the Bonham Domiciliary. He has since moved to the Dallas campus working on the Telemental Health team. His clinical interests include: Depression, Anxiety, Couples Therapy, PTSD, and Substance Abuse. Dr. Rose's primary theoretical orientation is cognitive-behavioral.

**Dr. Tara Luchkiw Rosema** is a licensed Psychologist in the state of Michigan. She earned her Ph.D. in Clinical Psychology from the University of Mississippi in 2016. She completed her predoctoral internship in health psychology and postdoctoral fellowship in interprofessional team-based care at the Cincinnati VA Medical Center. On both internship and fellowship, she completed rotations in organizational health at the National Center for Organization Development (NCOD). She currently serves as a psychologist in the Spinal Cord Injury Center. Her clinical interests include promotion and maintenance of health and wellness behaviors utilizing coaching skills, behavioral and cognitive behavioral therapy, Motivational Interviewing, and Acceptance and Commitment Therapy. She has a particular interest in interventions to improve organizational systems including team assessment, culture change initiatives, leadership coaching, team-building, change management efforts, consultation, and program development/evaluation. Her theoretical orientation is primarily contextual behavioral.

**Dr. Sarah Sadler** is a licensed psychologist on the WSD/MST subteam of the MH Trauma Team. She received her Ph.D. in Counseling Psychology at Oklahoma State University in 2017. She completed a predoctoral internship at the Central Arkansas Veterans Healthcare System in North Little Rock, Arkansas and a postdoctoral fellowship at Michael E. DeBakey VA Medical Center in Houston, Texas. Her

clinical interest include PTSD, Military Sexual Trauma, and sexual functioning following sexual trauma. Her theoretical orientation combines cognitive-behavioral and humanistic approaches.

**Dr. Alejandro Santiago-Colon** received his Psy.D. in Clinical Psychology from Carlos Albizu University, San Juan Campus in 2019. He completed his Predoctoral internship at Talbert House (Community Based) in Cincinnati, Ohio and Postdoctoral fellowship in Substance Use Disorders at VANTHCS. He has been on staff since 2020, specifically in the Psychiatric Inpatient Unit (2D300). His clinical and research interests include Substance Use Disorders, Personality Disorders, Homelessness, SMI, LGBTQ+, Forensic Psychology, Harm Reduction, Group Therapy and Positive Psychology. His theoretical orientation is primarily integrating a humanistic view with a cognitive behavioral approach. He is a member of the American Psychological Association.

**Dr. LaDonna Saxon** is a licensed Psychologist in the state of Kansas. She received her Ph.D. in Clinical Health Psychology and Behavioral Medicine from the University of North Texas in 2008 and completed a fellowship in Chronic Pain Rehabilitation at James A Haley VAMC in Tampa, FL in 2009. She joined VANTHCS in 2012 and serves as Health Behavior Coordinator and Tobacco Cessation Lead Clinician. She is also an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Nationally within VHA Dr. Saxon serves as a trainer and consultant for Motivational Interviewing/Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Chronic Pain evidence based psychotherapy training programs. Her research interests involve health promotion/health maintenance and coping with chronic health conditions. Her clinical interests include motivational interviewing, mindfulness, and health psychology practice. Dr. Saxon's theoretical orientation is cognitive behavioral and humanistic. She is a member of the American Psychological Association – Division 38 (Health Psychology), the international Motivational Interviewing Network of Trainers, and the American Congress of Rehabilitation Medicine.

**Dr. Emma Shapiro** earned a Ph.D. in Clinical Psychology with an emphasis in Neuropsychology from Palo Alto University in 2016. She completed a Predoctoral Internship at the Battle Creek VA in Michigan, and a two-year Neuropsychology Fellowship at the North Texas VA Health Care System. Dr. Shapiro joined the staff as a Neuropsychologist on the Spinal Cord Injury unit upon completion of her Neuropsychology Fellowship in 2018. Her clinical and research interests include PTSD, dementia, MS, and movement disorders. Dr. Shapiro's theoretical orientation is cognitive-behavioral.

**Dr. Julia Smith** is the Associate Director of Training for the psychology programs and the Clinical Director for MH Trauma Services. She is a licensed psychologist in the states of Texas and Kansas. She received her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology (ISPP) in 2008. She completed her Postdoctoral fellowship at VANTHCS (2008-2009) and has been on staff since that time. Dr. Smith is an Associate Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include assessment of symptom validity and malingering, co-occurring disorders (PTSD/SUD), exposure therapy, behavioral therapy for obsessive compulsive disorders and motivational enhancement techniques, including the role of personal values in commitment to change. Her theoretical orientation is comprised of behavioral and cognitive-behavioral approaches. Research interests include exploring novel and adjunctive treatments for PTSD, Military Sexual Trauma, personality disorders and development of outcome measures for performance enhancement.

**Dr. Christopher St. John** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from the University of North Texas in 1995. Dr. St. John joined the VANTHCS in 1996 and currently serves as staff psychologist on the PTSD Clinical Team. Relatedly, his clinical interests involve PTSD treatment. He is a member of the Dallas Psychological Association.

**Dr. Sarah Spain** serves as co-Clinical Director of the FW Mental Health Clinic. She is board certified in Clinical Psychology (ABPP) and received her Ph.D. in Clinical Psychology from the University of South

Florida in 2004. Dr. Spain is licensed in the state of Texas and joined VANTHCS in 2009. She is an Associate Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include multicultural issues, individual and group psychotherapy, and recovery-centered approaches to treatment. Dr. Spain is a member of the Dallas Psychological Association and the Association of VA Psychologist Leaders.

**Dr. Lisa Thoman** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas in 2003. She has been on staff at VANTHCS since 2002, and currently works within the MH Trauma Services Clinic, a specialty MH clinic which provides evidence-based assessment and psychotherapy to veterans with Posttraumatic Stress Disorder (PTSD). More specifically, Dr. Thoman provides individual, group and marital therapy to veterans of the OEF/OIF/OND era. Dr. Thoman is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include treatment of PTSD and other disorders related to trauma. Her theoretical orientation is integrative with cognitive-behavioral, solution-focused and systemic emphases. Her research interests include treatment of PTSD and anxiety disorders, meditation and mindfulness in treatment of mental disorders, and impact of exercise on mood and anxiety. She is a member of the American Psychological Association and Dallas Psychological Association.

**Dr. Meara Weitzman** is a licensed psychologist in the state of Kansas. She received her Ph.D. in Clinical Psychology at Southern Methodist University in 2016. She completed a predoctoral internship at Bay Pines VA in Florida and a postdoctoral fellowship with a specialization in trauma at VANTHCS. Dr. Weitzman is currently on the WSDT/MST subteam of the Trauma Services Team. Her clinical interests include military sexual trauma, Prolonged Exposure Therapy, Cognitive Processing Therapy, and Dialectical Behavior Therapy. Her primary theoretical orientation is cognitive-behavioral.

**Dr. J. Gregory (Greg) Westhafer** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of Texas at Austin in 2007. He joined VANTHCS in 2011 as a Clinical Neuropsychologist and works within the Neuropsychology Consult Team. His clinical interests involve neuropsychology, geropsychology, individual, and group psychotherapy. Dr. Westhafer's research interests include geropsychology (broadly), capacity, dementia, aging, stroke, TBP, attention, and memory. His theoretical orientation is cognitive behavioral. He is a member of the National Academy of Neuropsychology, International Neuropsychological Society, American Academy of Clinical Neuropsychology, Society for Clinical Neuropsychology, and the American Psychological Association.

**Dr. Nancy Wheless** is a licensed psychologist in the state of Texas. She received her Psy.D in Clinical Psychology from Baylor University in 2017. She completed her predoctoral internship in medical/health psychology and Postdoctoral fellowship in rehabilitation psychology at VANTHCS. She has been on staff since 2018, initially working in outpatient mental health with Diamond Team. Currently she serves Veterans receiving long-term care for medical comorbidities and those on hospice care within the CLC. Her clinical interests include health behavior intervention, chronic disease management, pain management, adjustment to disability, end-of-life care, and geropsychology. Her theoretical orientation is primarily cognitive behavioral, including third-wave interventions such as ACT.

**Dr. Elizabeth Wiley** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from Texas A&M University in 2006. Dr. Wiley completed her Doctoral internship and Postdoctoral fellowship at VANTHCS and has been on staff since 2007. She currently serves as staff psychologist on the Home-Based Primary Care team. Her clinical interests involve home based primary care and PTSD. She ascribes to a cognitive behavioral theoretical orientation and is a member of the American Psychological Association.

**Dr. Brittney Wright** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of North Texas in 2013. She completed her Postdoctoral training (2013-2014) at VANTHCS, with an emphasis in Substance Abuse. She has been on staff at VANTHCS since completion of her fellowship, and currently works within the Fort Worth outpatient mental health clinic, where she serves as the Military Sexual Trauma (MST) coordinator for that campus. Her clinical interests include assessment and treatment of the psychological sequelae of Military Sexual Trauma, PTSD, Dual diagnosis (PTSD/SUD), and depression, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy. Her theoretical orientation is cognitive-behavioral and interpersonal. Her research interests include Military Sexual Trauma, evidence-based treatment for PTSD and Depression, and Program evaluation.

**Dr. Andrea Zartman** is Board Certified in Clinical Neuropsychology (ABPP). She earned her Ph.D. in Clinical Health Psychology and Behavioral Medicine from the University of North Texas in 2006. She completed her Doctoral internship at VANTHCS (2006) and a Neuropsychology fellowship within the VA South Texas Health Care System (2008). She currently serves as the Clinical Director of the Behavioral Health Team at VANTHCS as well as a staff neuropsychologist on the Neuropsychology Consult Service. Dr. Zartman is an Associate Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include Rehabilitation, TBI and blast injury, stroke, movement disorders and coping with chronic medical illness. Research interests include Traumatic Brain Injury and ecological validity of neurocognitive assessment. Dr. Zartman's theoretical orientation is cognitive-behavioral. She is a member of the National Academy of Neuropsychology, International Neuropsychological Society, American Psychological Association – Division 40 (Clinical Neuropsychology), and the Association of VA Psychologist Leaders.

## Appendix B: Past Interns by School, Specialty and Degree

### 2020-2021

SCHOOL	SPECIALTY	DEGREE TYPE
University of Mississippi	PhD	Clinical Psychology
Carlos Albizu University – Miami Campus	PsyD	Clinical Psychology
Regent University	PsyD	Clinical Psychology
University of North Texas	PhD	Counseling Psychology
Adler University – Chicago	PsyD	Clinical Psychology
Rosalind Franklin University Med & Science	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Midwestern University – Glendale	PsyD	Clinical Psychology

### 2019-2020

SCHOOL	SPECIALTY	DEGREE TYPE
University of North Dakota	Clinical	Ph.D.
Carlos Albizu University – San Juan Campus	Clinical	Ph.D.
Chicago School of Professional Psychology	Clinical	Psy.D.
University of Tulsa	Clinical	Ph.D.
University of Nevada – Reno	Clinical	Ph.D.
William James College	Clinical	Psy.D.
Texas Woman's University	Counseling	Ph.D.
Texas A&M University	Clinical	Ph.D.

### 2018-2019

SCHOOL	SPECIALTY	DEGREE TYPE
Texas Tech University	Counseling	Ph.D.
University of North Texas	Clinical	Ph.D.
Georgia School of Professional Psychology	Clinical	Psy.D.
Spalding University	Clinical	Psy.D.
University of Nevada Las Vegas	Clinical	Ph.D.
Adler School of Professional Psychology	Clinical	Psy.D.
Azusa Pacific University	Clinical	Psy.D.
Washington State University	Counseling	Ph.D.

### 2017-2018

SCHOOL	SPECIALTY	DEGREE TYPE
University of Iowa	Counseling	Ph.D.
Florida School of Professional Psychology	Clinical	Psy.D.
Chicago School of Professional Psychology	Clinical	Psy.D.
Loma Linda University	Clinical	Psy.D.
Baylor University	Clinical	Ph.D.
Baylor University	Clinical	Psy.D.
Indiana State University	Clinical	Psy.D.
University of Louisville	Clinical	Ph.D.

### 2016-2017

SCHOOL	SPECIALTY	DEGREE TYPE
University of Louisville	Clinical	Ph.D.
Philadelphia School of Osteopathic Medicine	Clinical	Psy.D.

George Fox University	Clinical	Psy.D.
University of North Texas	Clinical	Ph.D.
University of Akron	Counseling	Ph.D.
Texas Women's University	Counseling	Ph.D.
University of Houston	Clinical	Ph.D.
Wright Institute	Clinical	Psy.D.

#### 2015-2016

SCHOOL	SPECIALTY	DEGREE TYPE
Philadelphia School of Osteopathic Medicine	Clinical	Psy.D.
Jackson State University	Clinical	Ph.D.
Texas Tech University	Counseling	Ph.D.
Southern Methodist University	Clinical	Ph.D.
Loma Linda University	Clinical	Psy.D.
University of North Texas	Clinical	Ph.D.
University of Akron	Counseling	Ph.D.

#### 2014-2015

SCHOOL	SPECIALTY	DEGREE TYPE
Chicago School of Prof Psych	Clinical	Psy.D.
Roosevelt University	Clinical	Psy.D.
Texas Women's University	Counseling	Ph.D.
University of North Texas	Clinical	Ph.D.
Southern Methodist University	Clinical	PhD
University of Oklahoma	Counseling	Ph.D.
Chicago School of Prof Psych	Clinical	Psy.D.

#### 2013-2014

SCHOOL	SPECIALTY	DEGREE TYPE
Southern Methodist University	Clinical	Ph.D.
Jackson State U.	Clinical	Ph.D.
Chicago School of Prof. Psych	Clinical	Psy.D.
Oklahoma State U.	Counseling	Ph.D.
University of North Texas	Counseling	Ph.D.
Wright Institute	Clinical	Psy.D
University of Louisville	Clinical	Ph.D.

#### 2012-2013

SCHOOL	SPECIALTY	DEGREE TYPE
S.M.U.	Clinical	Ph.D.
University of Houston	Counseling	Ph.D.
Kent State University	Clinical	Ph.D.
Nova Southeastern University	Clinical	Psy.D.
University of North Texas	Clinical	Ph.D.
Wright Institute	Clinical	Psy.D

#### 2011-2012

SCHOOL	SPECIALTY	DEGREE TYPE
Wright Institute	Clinical	Psy.D
University of Akron	Counseling	Ph.D.

Baylor U.  
Southwester Methodist University  
Wheaton College  
University of Nevada, Las Vegas

Clinical  
Clinical  
Clinical  
Clinical

Psy.D.  
Ph.D.  
Psy.D.  
Ph.D.

## 2010-2011

### SCHOOL

Argosy University, Tampa  
Philadelphia School of Osteopathic Medicine  
University of Louisville  
University of Nevada, Las Vegas  
University of North Texas  
University of Northern Colorado

### SPECIALTY

Clinical  
Clinical  
Counseling  
Clinical  
Clinical  
Clinical

### DEGREE TYPE

Psy.D  
Psy.D.  
Ph.D.  
Ph.D.  
Ph.D.  
Ph.D.

## 2009-2010

### SCHOOL

Argosy University, Phoenix  
LaSalle University  
Texas Tech University  
University of Louisville  
University of North Texas  
University of Western Michigan

### SPECIALTY

Clinical  
Clinical  
Clinical  
Clinical  
Clinical  
Counseling

### DEGREE TYPE

Psy.D.  
Psy.D.  
Ph.D.  
Ph.D.  
Ph.D.  
Ph.D.

## 2008-2009

### SCHOOL

Argosy University, Tampa  
Nova Southeastern University  
Pacific University, Oregon  
Pacific University Palo Alto  
Regent University  
University of North Texas

### SPECIALTY

Clinical  
Clinical  
Clinical  
Clinical  
Clinical  
Clinical

### DEGREE TYPE

Psy.D.  
Psy.D.  
Psy.D.  
Ph.D.  
Psy.D.  
Ph.D.

## 2007-2008

### SCHOOL

Nova Southeastern University  
Nova Southeastern University  
Texas A & M  
University of Colorado  
Argosy University of Georgia

### SPECIALTY

Counseling  
Counseling  
Clinical  
Clinical  
Clinical

### DEGREE TYPE

Psy.D.  
Ph.D.  
Ph.D.  
Ph.D.  
Psy.D.

## 2006-2007

### SCHOOL

Spaulding University  
University of S. Mississippi  
University of North Texas  
Iowa State University  
University of Memphis

### SPECIALTY

Clinical  
Clinical  
Clinical  
Counseling  
Clinical

### DEGREE TYPE

Psy.D.  
Ph.D.  
Ph.D.  
Ph.D.  
Ph.D.

## 2005-2006

### SCHOOL

### SPECIALTY

### DEGREE TYPE



University of Hartford	Clinical	Psy.D.
University Virginia Beach	Clinical	Psy.D.
Wright State University	Clinical	Psy.D.
Texas A & M	Clinical	Ph.D.
University of North Texas	Clinical	Ph.D.

#### **2004-2005**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Forest Schl. Of Prof. Psych.	Clinical	Psy.D.
Nova Southeastern University	Clinical	Psy.D.
Baylor University	Clinical	Psy.D.
University of North Texas	Clinical	Ph.D.
Illinois Institute of Technology	Clinical	Ph.D.

#### **2003-2004**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Florida Institue of Technology	Clinical	Psy.D.
University of Oklahoma	Counseling	Ph.D.
University of Georgia	Clinical	Ph.D.
University of North Texas	Counseling	Ph.D.
Argosy, School of Professional Psychology	Clinical	Psy.D.
University of North Texas	Counseling	Ph.D.

#### **2002-2003**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Our Lady of the Lake University	Counseling	Psy.D.
Baylor University	Clinical	Psy.D.
University of Denver	Clinical	Psy.D.
St. Louis University	Clinical	Ph.D.
University of North Texas	Counseling	Ph.D.
Chicago School of Professional Psychology	Clinical	Psy.D.

#### **2001-2002**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Pennsylvania State University	Clinical	Ph.D.
Texas Woman's University	Counseling	Ph.D.
University of Alabama	Clinical	Ph.D.
Wright State University	Clinical	Psy.D.
GA School of Professional Psychology	Clinical	Psy.D.

#### **2000-2001**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Our Lady of the Lake University	Counseling	Psy.D.
Texas A & M University	Counseling	Ph.D.
Texas A & M University	Counseling	Ph.D.
University of North Texas	Counseling	Ph.D.
University of North Texas	Counseling	Ph.D.

